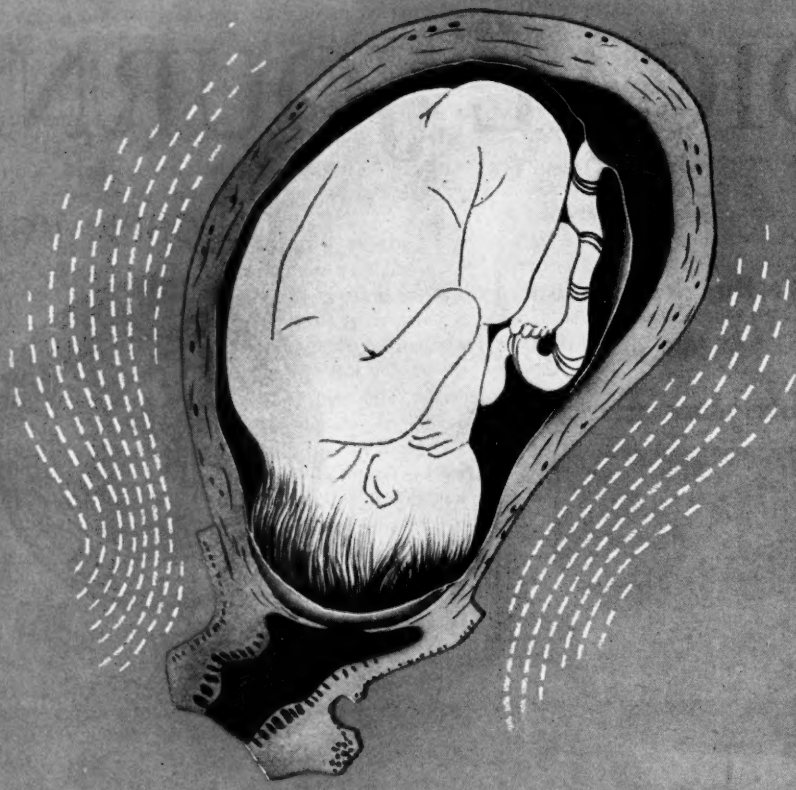
RHODE ISLAND MEDICAL JOURNAL

OCTOBER, 1954



produces contractions

*"clinically identical to normal, strong, physiological labor"**

The RHODE ISLAND MEDICAL JOURNAL

Editorial and Business Office: 106 Francis Street, Providence, R. I.

Editor-in-Chief: PETER PINEO CHASE, M.D.

Managing Editor: JOHN E. FARRELL

Owned and Published Monthly by

THE RHODE ISLAND MEDICAL SOCIETY

Entered as second-class matter at the post office at Providence, Rhode Island

Single copies, 25 cents . . . Subscription, $2.00 per year.

Volume XXXVII, No. 10 October, 1954

TABLE OF CONTENTS

The RHODE ISLAND MEDICAL JOURNAL

VOL. XXXVII OCTOBER, 1954 NO. 10

STRESS

The Arthur Hiler Ruggles Oration*

MILTON C. WINTERNITZ, M.D.

The Author. *Milton C. Winternitz, M.D., of New Haven, Connecticut. Professor of Pathology, Emeritus, Yale University School of Medicine.*

"Better worlds are borne, not made and their birthdays are the birthdays of men."

SOME OF YOU will recognize this quotation from the Charles Eliott Norton lecture of 1953 by E. E. Cummings. Some of you will know the type who inspires this fundamental and magnificently expressed observation. All of you know Arthur Hiler Ruggles.

Need I say more? He exemplifies the type. The cause to which he has dedicated his life—man's adaptation to his environment—prospers. His is the birthday of a better world. I join the Rhode Island Society for Mental Hygiene in saluting him happily on this occasion.

There comes a time, even during a man's lifetime, when important past happenings are not dated. Let us say it was a long, long time ago when Arthur Ruggles was induced to come to my rescue. As thought wanders back, the story told by president-elect James R. Angel after his introduction by retiring President A. T. Hadley at the alumni luncheon in June, 1921, seems particularly appropriate tonight: Said the big oyster to the little oyster, "Where are we?" "In the soup," was the reply. "Where then in the soup?" was the second question—to which the answer was "At the church festival." Said the big oyster, "If this is the situation, why are we both here?" And this was a very appropriate query, for Arthur Ruggles was the answer to the prayer which is said to have been inscribed in the hunting lodge of a president of these United States of years ago. It ran "Oh Lord, suffer me to catch a fish so large that even I, in speaking of it later, will have no cause to lie."

This is the sworn confession of the little oyster.

*The Arthur Hiler Ruggles Oration of 1954 presented under the auspices of the Rhode Island Society for Mental Hygiene, at Butler Hospital, Providence, May 7, 1954.

For perspective let us retrace the significant happenings in the reasonably recent past. Further review hardly would seem rewarding, even though there is ample evidence that behavioral problems existed in antiquity. Offered in evidence is: "Of man's first disobedience, etc."

There was a time, and that not so long ago, when no psychiatry, so designated, was included in the education of the physician. True, there were a few lectures and a visit or two to a nearby custodial institution for the "committed insane," as they were called. On the other hand, the doctor had great interest in the patient and his background, including family, occupation, recreation, and the intimate detail of life at home and abroad. The social service effort, the attempt to carry concept of this type of medical practice into the hospital, was in its swaddling clothes. The clinician, unhampered by time consuming examinations at the bedside and in the laboratory nearby, practiced what may well be designated empirical psychiatry. This expressed itself in a kindly approach to the patient and his problems, be they real or imaginary, physical or environmental; the doctor's accomplishments consisted perhaps in gaining the confidence of the patient and by so doing, lifting burdens and removing "stress" as this is now designated. "A rose by any other name . . ."

True, the clinician probably had not even an inkling of the mechanisms concerned in this therapy. He knew by experience the importance of his relation to his patient, more like that of the priest, perhaps, or the chaplain of the regiment, than of the medical man of today. The scientist was not aware of the problem; but what matter, if sickness was ameliorated and those concerned had the deserved satisfactions? This approach has not yet lost its value and perhaps it would be as well to believe it never will. Yes, it has been threatened, and seriously, for with the rapid succession of birthdays of scientists it is not always possible to believe better worlds are evolving.

The turn of the century was a critical period for health. The great discoveries since the renaissance

continued on next page

were coming with increasing rapidity. It was being demonstrated that new knowledge in the basic sciences had significant application to the understanding of disease and consequently to its corollary, health. The effect of this ultimately was felt in the educational pattern; the course in schools of medicine, heretofore in this country a two-year affair of lectures, was doubled in the late part of the last century. The first half was devoted to what was called the medical sciences. Insofar as technical and intellectual equipment allowed, the earlier loose and aural approach rapidly gave place to first-hand knowledge of the structure and function of the organism and of new concepts of the cause of disease, as well as to explorations into the action of agents designed for their cure.

This new approach had to ripen. Not only did appreciation of its potentialities have to mature, but even more important, the gap between the laboratories of the first half of the four years and the clinic in the second had to be bridged by men experienced in the art of medicine, yes, but trained as well in science, be it for interpretation of structural or functional change, causes of disease, or its treatment. Time solved the problem, and not many years elapsed before the new ways of studying disease and its amelioration and prevention, too, were being gluttonously pursued.

The harvest was promising, indeed; but as is always true, a cost of progress is change in environment and this, in its turn, requires further adaptation. In this instance the interest in science was absorbing; fading was the art of medical practice. This new science with its complex nomenclature often was far from healing to the sick soul of man. Remember that this transition was well under way forty years ago, and that there was awareness of the problem at the time. Indeed it was one of the great motivating factors for the development of an institute of human relations a decade and a half later. This is introduced merely to indicate the time required for ideas to spread adequately. In April, 1954, the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION carried a lead editorial titled "Iatrogenic Disease"—and you will realize from the title that this is merely another version of the old story. The pattern of the healing art and its personnel rapidly fractionated as specialties and specialists developed. If only the disintegration that followed could have been avoided! If only it had been realized that all of the fractions had to be considered in the study of man's adaptations! Then, perhaps, the effort to integrate, as it is written today with capital letters, might have been less difficult.

Influence of Clifford Beers

But this is retrospect. "There is a destiny that shapes our ends." A new world was in the making. The autobiography of Clifford Beers was the first expression. As you of the Rhode Island Society for Mental Hygiene so well know, the developments in mental hygiene conceived by this great man and launched by his epoch-making story were successfully, oh so successfully, completed by him with the aid of the people of this very New England. He showed that the doors of the mental institution swing out as well as in.

Better worlds are born and the birthday of one of the very best was that of Clifford Beers; twenty years ago a volume of letters of appreciation was assembled to honor him on the twenty-fifth anniversary of the founding of the first state mental hygiene society. Among the small group responsible for this undertaking was my revered chief William H. Welch, and another great pioneer to whom all of us here and many more are sincerely devoted, Arthur Ruggles. If you are not acquainted with this volume, look it up! You surely would enjoy the uniquely excellent dedication to the man who did so much in so many ways for mankind. Let me digress a moment and repeat a quatrain included in the letter of Alden Blummer, who you know was the Director of the Butler Hospital years ago, and was himself a great pillar in the shrine of mental health. It runs:

> The Temple of Fame is Large
> But the Temple of Fame is Full
> For many get in by the door marked push
> And some by the door marked pull.

Much should be said of Clifford Beers and his many and important contributions, but this has to be limited tonight. One other primary result of the autobiography must be included—the establishment of the Phipps Psychiatric Clinic. A great leader was placed at the helm of this new ship in the Hopkins fleet of medical education. Every unit of the group had its broad charge—this one the further understanding of mental illness by the same approaches proven to be sound for other fields of health. And time has proven the wisdom of this development even if it was not so obvious to many, without essential background, during the formative years.

Those in the other units were grateful that the psychiatrists were not emphasizing the analytic approach to the exclusion of others. Perhaps the fashion of the day was emphasis beyond reason, and perhaps it has now waxed and waned to a more proper proportion. This vogue has left many stories in its wake, one of which may be entertaining even if not altogether scientific.

The No. 1 pickpocket of New York was riding in the subway when he felt a hand on his wallet. He whirled about and confronted a pretty female face which, it turned out, belonged to the No. 1 pickpocket of Chicago. The discovery of their re-

spective identities provoked a lot of talk, and she admitted that her technique had been bungling.

One thing led to another. They met frequently and finally they were married. Pretty soon a child was expected. Of course, coming from such distinguished forebears, this child couldn't miss being the No. 1 pickpocket of America. But, alas, the baby was born with a deformity—its right hand was "withered." Obviously, with such a handicap it could never become a great pickpocket. The best medical men and surgeons could do nothing.

In desperation, the parents took the child to a psychiatrist. He took the history of the mother and of the father as well as of the child and after careful examination finally said "Perhaps I can help your child." Then he held his gold watch by the chain and, pendulum fashion, allowed it to swing within sight of the baby. The child's eyes followed the watch, which was gradually brought over the arm, and the hand. At last the hand opened and there in the palm was the midwife's wedding ring!

Only one more thought in this association. Perhaps it would have been advantageous if Clifford Beers' story had been titled "A Man that Found Himself"; mind and brain are so intimately linked in definition and it is not always realized that this keyboard, the nervous system, important as it is, nevertheless is only a part of the great mechanism of behavior.

Experience of World War I

The experience of World War I emphasized both the art and the science of this vast health problem. For the first time in a great military conflict, bugs gave way to bullets as the primary cause of both morbidity and mortality—a great feather in the cap of scientific medicine—and behavioral problems came to occupy a far more important role for the armed services.[1] This same situation became manifest promptly in the postwar period. While infectious disease was not yet so completely in hand as it was after the advent of the miracle antibiotics, the change in the social order both at home and abroad with its emphasis on individual liberty, far greater than ever before, did not allow any recession of interest in behavioral problems. Perhaps this was related to freer ways of life that were invading the conservatisms of the past, the quite obvious decline in inhibitions and concomitant replacement of "suppression" by "expression."

Discussion still goes on as to whether mental illness is increasing but the evidence points definitely in the opposite direction, despite the acceleration of life's complexities and the adaptations which they require. This is indeed encouraging. It strengthens faith in the capacity to adapt, and in the broad measures society is providing for its facilitation, even if there is restlessness for a better understanding and a more dynamic approach.

You will readily understand the situation at the end of World War I in New Haven, a New England community not unlike Providence, with its civic activities and in the university, with its special responsibilities associated with health service, education, and investigation. The local mental hygiene society was well equipped with intention, but the professional personnel could not be found; the university's department of health had the sympathetic understanding of the administration, but neither personnel nor resource was at hand to combat the mounting incidence of behavioral problems in the student body. There were thousands of students in the large institution, adapting to postwar philosophies and customs, with many a new hurdle in the path and many a fall, and no one was there with a specific aspirin for that kind of a headache. In the School of Medicine, psychiatry followed the pattern already described; it just was not there.

But where there is a cause and a will, there is a way. A generous grant designed to aid the student mental hygiene problem came to the rescue. The first step was indeed fortunate. Through the kindness of the Rhode Island Society for Mental Hygiene and the directors of the Butler Hospital, it was possible to borrow Arthur Ruggles. He set to work at once on the primary assignment, in which he was indeed broadly experienced, and its successes now are well known. The securing of professional personnel, their acceptance by faculty as well as student body, and more, the fraternization that gradually developed, are indications of the success of this understanding. And it grew under the leadership of one of Arthur Ruggles' several original assistants. The community problem was the second big task successfully met by this untiring man. In his honor we organized the "Double Enders," a club whose slogan, after Edna St. Vincent Millay, ran:

> My candle burns at both ends;
> It will not last the night;
> But ah, my foes, and oh, my friends—
> It gives a lovely light!

When not involved with student or community health problems we sat and thought, or just sat, wondering how the resource could be secured to follow the pattern then extant of special institutes for the mentally ill.

Necessity, as is well known, is often the mother of invention; so after one plan and another, including cooperation with the state government failed, the idea evolved of approaching the problem by study of the impact of somatic disease on beha-

continued on next page

[1] [It is said that 15% of the mentally ill had to be evacuated into the zone of the interior in World War I—that this fell, however, to 8% in World War II and to 4% in the Korean affair. (Wortis:—Wolverton Report, p. 136)]

vior in the wards of the hospital. The plan included a very limited facility in which mental illness would be the primary reason for the admission of patients. These, it was hoped, would include patients already under study in the medical, pediatric, surgical, and maternity facilities of the institution. This conception, revolutionary as it seemed at the time, was appealing, and secured prompt and continuous support in institutions of other communities.[2]

The theory was that one approach to the problems of mental illness could be study of the effect of somatic disease, with all of the impacts this implies, on the life of the sick individual both directly and through his familial, occupational, and other social associations. It will be realized at once that this was simply a return in modern dress to the type of medicine which prevailed in the days of the ascendency of the general physician. The clinical approach was strengthened by bringing together with enlarged facilities and better association the rather extensive resources already at the university in the basic sciences related to behavior and the nervous system. These included psychology and anthropology, scattered hither and yon in the environs of the campus as part of the recently established Institute of Psychology and also in the Child Guidance Clinic.

Obviously the chariot so conceived was hitched to a star, and so it seemed when extensive effort brought attainment of the needed large resource in sight—only to have it disappear far more quickly.

Undaunted by this reverse, and with a firm conviction that the concept was sound, the effort again was launched with only minor change of program. This involved no contraction, but rather expansion, with increased emphasis on the spiritual and also the group approach, in accord with the interests that had been developed in common with the deans of the Schools of Religion and of Law. The latter especially, impressed with the importance of increased breadth of study in preparation for law and of the need for an awareness of the underlying principles of sociology and psychology, already had introduced modifications in the curriculum with the aid of able personnel.

The enlarged program called for an Institute of Human Relations, to be erected near the School of Medicine with its clinical facilities, and soon to be flanked by modern structures for the Schools of Religion and Law.

Obviously such a development, including as it did graduate education in psychology, anthropology and the social sciences, represented fundamental principles in education which were not then extant. It was designed to bring to the students in the various professions included in this program greater opportunity in accord with their interests and abilities as well as with the needs of the times—and further, to allow them to postpone decision concerning the guild of their final association until experience allowed participation of their informed intelligence in the choice. But this must not be elaborated here.

It is sufficient to say that the thrill of planning was only exceeded by that of success in securing the large resource. This joy was short lived, however, for several reasons. A turn of the dice, and that minor, changed the tentative decision concerning the location of buildings for law and religion and the dean of the former school accepted a highly attractive opportunity in a distant institution.

The rest of the program however, developed without delay. The central theme remained the behavior of the individual and of the group. The approaches included the arts as expressed by medicine, law, sociology, religion, and also the sciences relating to biology and health. Yes, the plan was elaborate and complicated. Like some one else's child it was attractive enough for casual relations if not for adoption. The majority were more concerned with their specialized problems, and concentration upon them well may have interfered with the broader prospectus that otherwise might have been attained.

Be this as it may, it is gratifying to say after twenty-five years that there now seems to have been greater foresight in the concept than ever before. Only one major lack marred the approach, as this is seen in retrospect—the assembly of observations in many different categories was continued without even a hypothetical pattern according to which they might be integrated for the better understanding of the mechanism concerned in the behavior problems.

Now for another approach. Some of you may recall the talking film of the developments in the understanding of health during the years of Dr. W. H. Welch's superlative leadership. It recalls to me so vividly the thought that recurred during my student days whenever the outstanding scientific developments of the immediately preceding period were recounted. "Born too late" was the verdict. The great discoveries, it seemed, had been made, leaving only further application for the future. The fallacy of such thinking has now become obvious. Never before has there been such an enrichment of knowledge with new basic facts and such result from its application, as in the past few decades. Much has been done, indeed, to help in the comprehension of behavioral reactions to both

[2]It is of interest here to note that the National Mental Health Committee reported to the Wolverton Committee (1954, p. 136) that since the establishment of a 13 bed psychiatric ward in the general hospital at Savannah, Georgia, commitments to the State Mental Hospital for that county had been decreased 58%.

somatic and environmental stimuli, and happily this knowledge frequently involves mechanisms which are precisely definable in terms of basic science.

Evolution of New Aids

Equipment has evolved that is almost beyond the comprehension of the older generation. Enumeration of a few varieties will adequately prove this statement. With the microscopes that use light of various wave lengths and many other devices for magnification, architectural detail and function become more and more closely linked. Arrangement of the components of a chemical compound relate closely and specifically to its function, and the arrangement is becoming visible. Every gadget is directed to aid in the determination of size, shape, and weight, and to the tagging and identification of compounds so that they can be followed from their origin to their destination, and their precise chemical constitution determined with facility. The finer components of cell and body fluid at the molecular level are subjected to analysis of this variety, and the very intimate detail of their function becomes increasingly clear. Perhaps Virchow's concept that "every physiological process has its anatomical corollary and that disease, therefore, should manifest itself by anatomical visible change" has even a deeper significance than he could have anticipated.

Take an example. Not long ago transfer of blood from one man to another was a lifesaving procedure only resorted to in an emergency of unusual importance; now, cells and fluids are separated and fractionated into many parts some with quite specific uses. There is gamma globulin made by the reticuloendothelial cell system, primarily perhaps in the liver. It is a specific for the prevention of a few infectious diseases including measles, infectious hepatitis, and perhaps poliomyelitis. With this as an example it should be possible to ascertain the contribution of every cell type to the body economy and to isolate compounds so that they are available when needed, just as is true of gamma globulin and others already captured from the blood.

If this can be done in the case of blood, why not apply the same principle to behavior? The activation of its many aspects must depend upon agents arising within the organism, many in their turn aroused by the environment.

Interesting contributions to such hypotheses have come from very simple types of life, like neurospora where the observable behavioral patterns are simple indeed. Spontaneous mutations, as well as those induced with carcinogens, are associated with distinct changes in substrate requirements—the necessity of one or another amino acid, or the cooperation of one or another enzyme. It would not be profitable to pursue this further than to say that every species and its characteristics seem to have measurable, basic chemical requirements, and these tend to be constant enough to allow them to be utilized in applied fields like biosynthesis and bioanalysis.

Advancing perhaps from such simple forms to the much more complicated mammal, the extensive studies of Richter with the rat further support the thesis that behavioral patterns are intimately linked with fundamental physiological stimuli arising in the organism, either primarily or as a response to environment.

Of great importance are the investigations of the adrenal gland and its many behavioral impacts. Richter showed, years ago, that accessibility to salt allowed the adrenalectomized rat to survive, as it does man—but removal of the taste buds, so that the animal is unable to differentiate salt from sugar and so gets inadequate salt, is followed promptly by death. The ability to differentiate dietary requirements, as is well known, is high for many animals; in fact, the cafeteria system has been shown to be superior to any other variety of dietary regime. This indicates the possibility of basic chemical stimulation for appetite and is borne out by the constancy in the caloric intake of the rat which is given beer in addition to his usual food; the more beer he drinks the less other food he eats. Questions arise at once. Would continued intake of beer alter the total caloric ingestion? And if this were so, could the tastes of groups with different customs be related to specific chemical adaptation?

Environmental influences do play a large role. This is splendidly illustrated by the wild Norwegian rat, as Richter has shown; his adrenals average three or more times the size of his domestic relative. The second generations of the wild rat, in friendly captivity average a third less adrenal weight, and so on. This wild rat, one may well say, exposed as he is constantly to dangers, has developed more efficient mechanisms of response than is necessary for the other species, and this regresses when the stimulus is no longer present. How well this agrees with use and disuse concepts of atrophy and hypertrophy! To put such hypothesis to test would indeed seem to be productive.

These are only a few of the approaches used in Richter's extensive studies on rats with controlled diets, physical activity (under appropriate circumstances a rat will run forty and more miles a day spontaneously), reproduction, weight, longevity, etc. The information evolved is extensive indeed. Add to this much that is already recorded including the studies of Cannon, the extensive contributions of Selye, and the well-known behavioral effects of the gonads. An impressive volume of valuable fact surely is at hand.

The nervous system itself, of course is of vital

concluded on page 551

TREATMENT OF PROMINENT EARS

BERT S. JEREMIAH, M.D.

The Author. *Bert S. Jeremiah, M.D., of Pawtucket, Rhode Island. Assistant Plastic Surgeon, The Pawtucket Memorial Hospital; Consultant in Plastic and Reconstructive Surgery, Roger Williams General Hospital, Providence, Rhode Island.*

IN ORDER for one to understand the problem involved in prominent ears one must understand the anatomical structure of the so-called normal ear, and how the protruding ear differs from it.

The main anatomical difference between a normal and a prominent ear is the presence or absence of the antihelial fold. In a normal ear the cephaloconchal angle is approximately 90°. In certain individuals the anti-helix ridge is either entirely absent or incompletely formed. This will create an abnormal prominence of the ear, thus broadening the cephalo-conchal angle and creating a prominent ear.

Prominent ears may be unilateral or bilateral. Sometimes the abnormality may be more apparent than real. Very often, excessively large auricle or flattening of the auricle tends to give the appearance of a protruding or outstanding ear.

In our opinion, a true prominent ear cannot be permanently corrected by any such procedures as taping, bandaging the ears, ear muffs, or using retentive caps. Even in infancy these methods are hopeless since the elastic recoil of the cartilage will invariably produce recurrence of the existing deformity. It's also true that an operation which simply removes a section of the skin and attaches the skin or the auricular cartilage to the post-auricular fascia does not correct the true prominent ears. This operative procedure only reduces the post-auricular sulcus and draws the scalp toward the back of the ear. The ear will still remain projecting as previous to the operation.

The operation should be so planned that at the completion the two ears will be symmetrical in size, position and shape. Thus it is very important to correct both ears at the same operation. This operation differs from the operation which is designed for the replacement of lost tissue, which requires many stages with long intervals between to allow for shrinkage and readjustment of tissues.

Healing by first intention is imperative since delayed repair may result or predispose to scar and keloid formation. Rigid asepsis and extremely careful hemostasis must always be carried out. The cartilagenous substance should always be handled very gently, inasmuch as its poor vascularity makes it very prone or susceptible to infection and chondritis.

The operation which we have selected and repeatedly performed for the correction of prominent ears is the one which was described by Luchett of New York in 1910. His operative procedure was based on the anatomical study of the defective ear. Luchett attempted to correct the protruding ear, and simultaneously produce an anti-helix by vertically excising the cartilage at the region of the anti-helix and then folding it upon itself.

The operative procedure is simple and requires about one-half hour for each ear. We have used general anesthesia in children, usually the open cone method is sufficient. In adults local anesthesia is preferred. The patient is in supine position with the head turned to whatever side we decide to do first.

The ears are both prepared with green soap, alcohol and ether. Special attention is placed on the complicated folds of the external ear.

By gently pressing the ear back to the desired position the corrected line for the anti-helix is clearly visualized. The anti-helix and crura are marked with metheline blue on the anterior surface of the auricle and the external ear is pierced along the revealed anti-helix and crura with several straight needles which have been dipped in metheline blue. These needle penetrations will indicate the points in the posterior aspect of the ear. Within this posterior outline is the skin and cartilage involved in the operative field. The elliptical skin which usually measures 2½ to 3cm is excised from the posterior aspect of the pinna. The perichondrium is then cut and retracted and the cartilage is exposed. The excess cartilage can be removed to the desired shape and height of the anti-helix and posterior crus. Occasionally when the anti-helix is only slightly in existence and was not completely formed, we simply make vertical incisions through the entire thickness of the cartilage of the new anti-helix. This procedure breaks the elastic recoil of the cartilage and the ear can be maintained in a normal position with a well-formed anti-helix. Hemostasis is easily controlled with a combination of topical thrombin and adrenalin. The

concluded on page 551

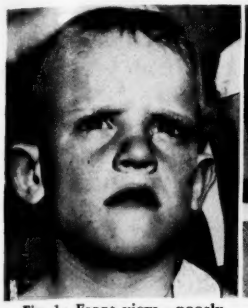


Fig. 1: Front view—poorly formed anti-helix pre-operative.

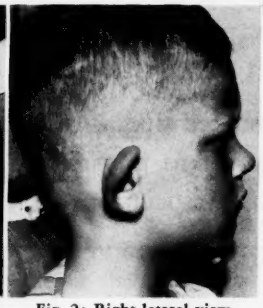


Fig. 2: Right lateral view pre-operative.

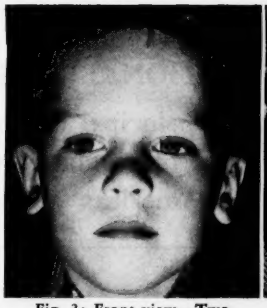


Fig. 3: Front view—Two months after operation.

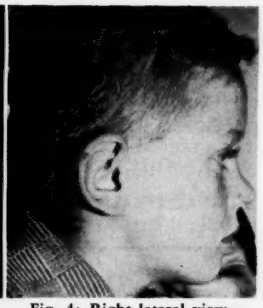


Fig. 4: Right lateral view. Final appearance—Note well formed anti-helix.

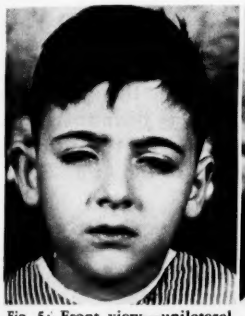


Fig. 5: Front view—unilateral protrusion, pre-operative.

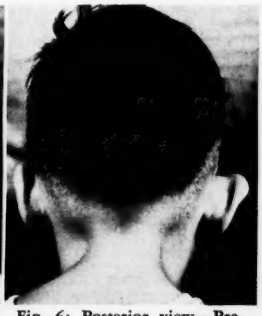


Fig. 6: Posterior view—Pre-operative.

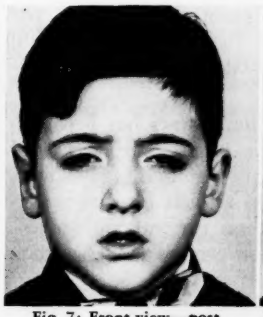


Fig. 7: Front view—post operative.

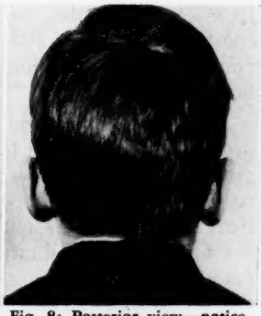


Fig. 8: Posterior view—notice symmetry of the two ears.

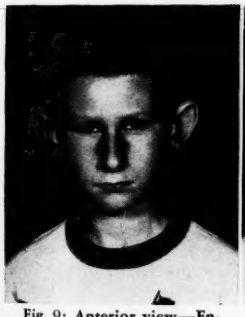


Fig. 9: Anterior view—Enlarged and protruding ears.

Fig. 10: Posterior view.

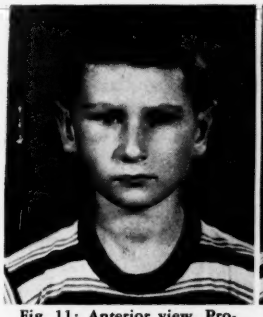


Fig. 11: Anterior view. Protrusion corrected by excision of a strip of cartilage at the anti-helix fold.

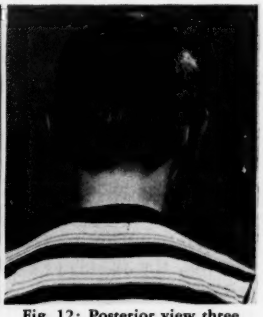


Fig. 12: Posterior view three months after operation.

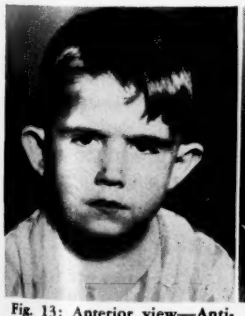


Fig. 13: Anterior view—Anti-helix and posterior crus absent.

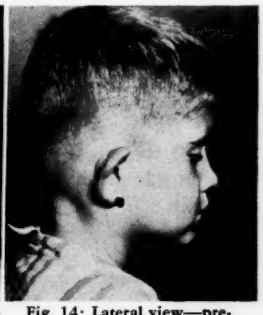


Fig. 14: Lateral view—pre-operative.

Fig. 15: Anterior view. Post-operative. Corrected by making vertical incisions through new anti-helix.

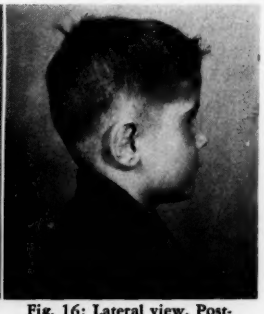


Fig. 16: Lateral view. Post-operative. Note well formed anti-helix and posterior crus.

NATIONAL LEGISLATION — 1954

A brief summary of the principal laws enacted during the second session of the 83d Congress which are of primary interest to physicians as prepared by the law department of the American Medical Association.

Hospital Construction

THE BILL (H.R. 8149) providing for expansion of the "Hill-Burton" hospital construction program was enacted (Public Law 482, 83d Congress). In brief, it provides for grants to the states for construction of hospitals for the chronically ill, nursing homes, rehabilitation centers, and diagnostic-treatment centers.

Approximately 23 million dollars has been appropriated to carry out this law for the next fiscal year, allocated as follows: 6½ million for hospitals for the chronically ill; 6½ million for diagnostic-treatment centers; 4 million for nursing homes; 4 million for rehabilitation centers and 2 million for state surveys.

Vocational Rehabilitation

A law designed to greatly expand programs for vocational rehabilitation was enacted (Public Law 565, 83d Congress). It includes provisions (1) authorizing matching grants to the states in increasing amounts, from 30 million dollars for fiscal 1955, to 65 million dollars for fiscal 1958; (2) establishing a National Advisory Council on Vocational Rehabilitation to advise the secretary of health, education and welfare on special projects; (3) establishing a new formula for the federal contribution to vary inversely with per capita income, the base point to be a 60% federal contribution in states where per capita income equals the national average, and variation for poorer and wealthier states; (4) authorizing 75% federal grants for "extension and improvement" of state projects for up to three years, with $5,000 per state minimum; (5) authorizing a demonstration rehabilitation center in the Washington, D. C. area; (6) enlarging provisions granting blind persons preference for operating vending machines on federal property.

Doctor Draft Law

S. 3096, which proposed an amendment to the Doctor Draft Law, was enacted (Public Law 403, 83d Congress). This law is designed to give the Department of Defense greater authority in security cases affecting doctors. It authorizes utilization of doctors in an enlisted status, thus removing the requirement relative to commissioning.

Tax Bill

The Internal Revenue Code of 1954 (Public Law 591, 83d Congress, approved August 16, 1954), which is the first comprehensive overhaul of the internal revenue laws in many years, includes several provisions of interest to physicians.

This is a massive and highly complex document and it will be many months before the tax experts and the tax publications complete their analysis of the many detailed provisions. The two principal changes of particular interest to the medical profession are:

(1) *Medical expense deductions* — taxpayers under the new bill will be allowed to deduct medical expenses in excess of 3% of adjusted gross income, (formerly 5%) with a maximum deduction for single persons of $2500 (formerly $1250), and a maximum deduction on a joint return of $10,000 (formerly $5,000). The cost of drugs is not included in the medical deduction, but can be counted as a deduction to the extent that they exceed 1% of adjusted gross income.

(2) *Health and accident insurance*—employer-financed accident and health benefits are fully exempt if they represent reimbursement for actual medical expenses (under former law some employer-type benefits not exempt), but such benefits are taxable over $100 if they are compensation for loss of wages under either an insured or non-insured plan.

Extension of Social Security

A bill providing extensive amendments to the Social Security Act was passed (Public Law 761, 83d Congress). It extended the coverage and broadened the payments. It did *not* include compulsory coverage of physicians although it did include the objectionable "waiver of premium," provision for permanent and total disability. The effect of the latter provision will have to be analyzed at a later date, as more information becomes available.

National Fund for Medical Education

The bill authorizing a federal charter for the National Fund for Medical Education was enacted (Public Law 685, 83d Congress). Under this law the corporation's membership consists of

a large group of leaders in business, government, and the professions. Four doctors are included on the board of directors.

Various amendments were suggested by the medical profession to the bill, S. 1748, originally passed by the Senate. These amendments were included in the House version and in the bill as finally enacted.

Transfer of Indian Hospitals to P.H.S.

A bill (H.R. 303) transferring the administration of health services for Indians and the operation of Indian hospitals from the Department of the Interior to the United States Public Health Service, in the Department of Health, Education and Welfare, was enacted (Public Law 568, 83d Congress). This transfer is to be effective on July 1, 1955.

STRESS

concluded from page 547

importance for the complicated biology of the mammal. It has its counterpart, obviously, in the communication system of any large enterprise, even as it is not needed in the one room dwelling or one cell organisms. Functions it subserves above communication must be sought. Some of these may well be kept for investigation when answers are available concerning the basic physical and chemical factors of the dynamics of behavior. These should be no more mysterious and no more difficult to approach with the tools now available than similar problems of other organ systems. The recent study of serotonin and antiserotonins by Wooley and Shaw[3] is offered. This hormone, as it is called, is contained in many cells including those of the nervous system. The "antis," it is believed, include substances that cause mental aberrations, and the suggestion, indeed more than this, is that suppression of serotonin by these compounds is the mechanism of the altered function of the nervous system.

In those centers where the essential investigators are associated, and where important therapy can be related to altered chemical and physical factors as well as with those of personality, the validity of this basic approach to behavior on the molecular level also is developing further.

Perhaps the time is approaching for consideration of the problems of society that will inevitably arise with the solution of those now under intensive and promising study. The importance not only of the total population, but of the preferential varieties, cannot be ignored indefinitely.

[3]National Academy of Science. Abstracts of Papers to be Presented at the Annual Meeting, April 26-28, 1954—Science April 30, 1954.

TREATMENT OF PROMINENT EARS

concluded from page 548

cartilage is not sutured. The perichondrium is approximated with interrupted triple O catgut and skin is approximated with interrupted dermalon sutures. As a rule no undermining of the skin edge is done unless the ear appears to be pulled too tightly to the head. Wet cotton is placed in the anterior fossae of the pinna and a strip of boric acid ointment behind the helix. The entire ear is covered with a fluffy gauze dressing, which is maintained in place by ACE bandage and adhesive tape. The first dressing is usually done about the tenth day, at which time all the sutures are removed.

This procedure has given adequate and pleasing results. The protrusion in all cases done by this method has always been reduced with no necessity to do secondary alterations. A careful followup of a series of thirty-five cases treated by this operation has shown the results to be anatomically sound. Further proof of its soundness has been demonstrated by turning the ear forwards with the finger and on release the ear springs back into position. This is a function existing in the normal ear.

BIBLIOGRAPHY

Luchett, W. H.: Surg. Gynec. and Obst. June 1910. p. 635
MacCollum, D. W.: The Lop Ear, J.A.M.A. April 30, 1938, 110; 1427-1430
Young, F.: (1944) Surg. Gynec., Obstet. 78, 541
Davis, J. S., and Kitlowski, E. A.: (1937) Surgery, 2, 835

Fig. 17: Border line protrusion which becomes more prominent with up sweep of hair.

Fig. 18: Anterior view—Post-operative—corrected by making vertical incisions through revealed anti-helix.

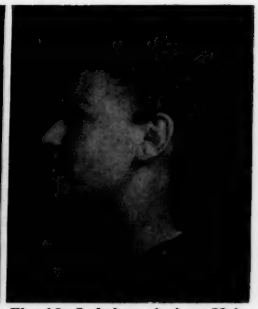


Fig. 19: Left lateral view. Hair combed in upsweep fashion. Note appearance of crus and anti-helix.

The RHODE ISLAND MEDICAL JOURNAL

Owned and Published Monthly by the Rhode Island Medical Society
106 Francis Street, Providence, Rhode Island

HURRICANES AND HEALTH

OF COURSE, it is time that talk about the hurricanes ceased. Some time ago the point was passed when the proposition was being frequently made: "I'll listen to your hurricane story if you'll listen to mine." But the RHODE ISLAND MEDICAL JOURNAL did not have a fair chance to get in on this. The trouble can be partly laid on the shoulders of our managing editor. He does not know that procrastination is one of the best gifts that the Lord gave mankind. We will remind him that Napoleon was said never to have answered a letter inside of three months, and then most of them did not need to be answered. Our hustling managing editor got all our material together for the September issue and got it down to our printer a while before *Carol* arrived.

Many of you may know that our printer has a choice waterside site. Such choice sites quickly became gruesome sights on the last day of August. All his machinery, his finished work with handsome, expensive plates, all his paraphernalia was tossed about and mixed with salt water and oil. The illustrations for our leading article were ruined. Fortunately the author had copies in his office. Plates from our advertisers were worthless and had to be procured again. For some years now it has been difficult for medical magazines to get out promptly. We have certainly been set well back this time.

What medical lessons may we learn from these hurricanes? Well, pardon our complacency, but the fact is that the medical work of the past has made it possible for us to suffer such great disaster with little injury to our health. In the past there were many infectious diseases that were always endemic. Typhoid, for instance, when water supplies were disrupted. It became difficult to keep our food fresh and good, and then there would be flare-ups. We have heard of nothing resembling this on this occasion.

For a day or so the hospitals were busy taking care of accidents, mostly small. Probably some of the medical troubles were exaggerated by the turmoil, confusion and stress, but in general a visit to the hospitals a few days later would show things going placidly along in their usual manner.

Everybody realized at this time the dangers of water contamination, and we were told of the prompt distribution of good "eau portable." The most striking incident we heard of in connection

with this was its free distribution by a well-known brewery.

In fact, the changes produced by these hurricanes seemed to be more on the order of nuisances rather than health dangers. You will remember that Dr. Charles V. Chapin made a strong distinction here—he could not be made to bother himself with disagreeable smells, which he insisted were not at all necessarily dangerous.

We have heard rumors of the enforced destruction of submerged materials, which it is difficult to believe could have been actually injured. We were told that rubber goods were destroyed because of submersion. How a hospital catheter must have snickered at his associates who couldn't take this.

It is an ill wind that blows no good. A great many people found it necessary to keep themselves on short rations because of the lack of cold storage and cooking equipment. There must be a great many people in this over-fed community who would get some help from this regime.

We got some damage to our medical building, but on the whole we may consider ourselves here some of the fortunate ones. By-and-by we will catch up with our delayed publishing schedule, and we hope that very soon all will be normal again.

MORE DOCTORS

Those who have criticized the American Medical Association on the unfounded basis that it in some way controls the supply of doctors in the country merely because it has established high standards for the approval of medical schools, should read the fifth annual medical education report in the AMA JOURNAL of September 11 issue.

A record ratio of one doctor for every 730 persons in the United States was reached during the past year as the result of the graduation of the largest class of physicians in history, and the expansion of our medical schools due in no small measure to the funds raised by the American Medical Education Foundation.

The record graduation of 6,861 doctors during 1953-54 brings the nation's physician population to approximately 220,100. The future outlook is even brighter, for with the development of ten new four-year medical schools—two in the East, Yeshiva University in New York and Seton Hall University in New Jersey—the nation is assured of more, and better trained doctors than ever before.

Medical education is costly. The budgets for the schools of medicine in the country during 1954-55 total more than 143 million dollars. During the past fiscal year more than 76 million dollars was spent for new facilities, remodeling or completion of buildings for medical instruction.

Significant in the report is the fact that of the 28,435 faculty personnel needed for the 80 medical schools during the past year, three fourths of them —21,328—volunteered to teach without pay, their duties varying from a few hours annually to large areas of responsibility.

NATIONAL HEALTH LEGISLATION

The general public probably read more about the so-called re-insurance bill turned down by the Congress in spite of the pleas of Mrs. Hobby, secretary of Health and Welfare, and the endorsement of President Eisenhower, than it did about other health legislation before the Congress. The impression was given that the doctors of the country were mainly responsible for the defeat of the re-insurance proposal, but also lined up against it were most of the health insurance companies, the United States Chamber of Commerce, and other professional groups. And, as noted in our JOURNAL a month ago, the lawmakers considered the idea a stupid approach to the extension of voluntary health insurance.

It should be recorded however, that four important new laws involving health programs were written into the statutes that the American Medical Association supported. These acts were the expansion of the Hill-Burton hospital construction program, the expansion of the vocational rehabilitation program, the amendment of the income tax law to allow more liberal deductions for medical expenses, and the transfer of responsibility for health of the Indians to the United States Public Health Service.

The vocational rehabilitation measure is of particular significance. It authorizes gradual increases in federal appropriations, but at the same time aims to bring the states up to the position of full financial partners by the end of five years. The goal of the expanded program will be to rehabilitate at least 200,000 persons annually.

In addition to grants for complete hospitals, the Hill-Burton program will now allow matching funds for the construction of such facilities as rehabilitation centers, diagnostic treatment clinics, chronic disease hospitals, and nursing homes. Local communities will have to raise from one-third to one-half the cost.

The income tax amendment, a particular help to families with large medical expenses, will allow a deduction of medical expenses in excess of three per cent of taxable income. Thus, a family with a $3,000 taxable income with $150 in medical expenses could deduct nothing under the old law, but by the new provision could deduct $60. The treasury estimates the total saving to families will be thirty million dollars.

While the Congress didn't enact all the health legislation proposed by President Eisenhower's administration, it certainly did post an imposing record by passing more medical and health bills than any Congress in many, many years. The AMA, it should be noted, actively supported most of the bills finally enacted, and opposed none of them.

IT'S AN EMERGENCY!

A Report on 200 Emergency Calls for Physicians made to the Medical Bureau of the Providence Medical Association

JOHN E. FARRELL, SC.D.

The Author. *John E. Farrell, Sc.D., Executive Secretary, the Providence Medical Association, and the Rhode Island Medical Society.*

THE MEDICAL BUREAU of the Providence Medical Association was established in September, 1949, as a 24-hour telephone answering and secretarial service for the physicians of the greater Providence area, a metropolitan district of more than 300,000 persons. As an adjunct to its service for the physicians the Medical Bureau voluntarily accepted the task of securing a physician for any emergencies directed to its attention.

Since its operation the Medical Bureau has secured a doctor in answer to every call, and the past three years it has answered some 3,000 calls annually from persons seeking a physician for so-called emergency attention. The procedure of the Bureau operators has been to ask the caller if the person is acutely ill, bleeding, or otherwise in a serious physical condition. If the caller maintains that a serious illness appears imminent, the operator communicates with one of the physicians who have listed themselves as available for emergency service. If the doctor accepts the call, he is required to call the patient and to handle the case thereafter. The Bureau merely serves as an agent in securing a physician.

Often, of course, the physician is able to resolve the problem after talking with the patient, or the patient's caller, and in some instances a house call does not have to be made. Of the 215 returns listed in the two-month survey made this year, the reports indicated that 15 calls were either cancelled, settled after a telephone discussion with the physician, or, as in two cases, handled by the fire department rescue squad prior to the arrival of the physician.

What is an emergency requiring the immediate services of a physician? That question is not readily answered satisfactorily for all parties concerned. Every illness or accident assumes major proportions to the average person, and in his mind is of an emergency nature. Many treatments of a so-called emergency nature are far from serious, as our study shows, and from the physician's viewpoint not only are not emergencies, but in many instances are unnecessary calls upon the services of the Medical Bureau.

Two-Month Survey

In an effort to gain some knowledge of the emergency call problem a survey was conducted by the Medical Bureau during the months of March and April, 1954. Each doctor who accepted an emergency call from the Bureau was sent a form letter listing the name of the patient and the time the call was received by the Bureau. The physician was asked to reply to the following questions: Would you term this call a real emergency needing the immediate services of a doctor? (If not, please comment.) If call was a night call could the patient have waited until morning without physical danger? Were you paid for services rendered? Were you promised payment? Was the patient a public welfare case?

TABLE I

	Forms Sent Out	Forms Returned	True Emergencies	NOT Emergencies	Number Doctors Reporting
MARCH	129	108	45	57	32
APRIL	122	107	58	40	29
Two Months.....	251	215*	103	97	

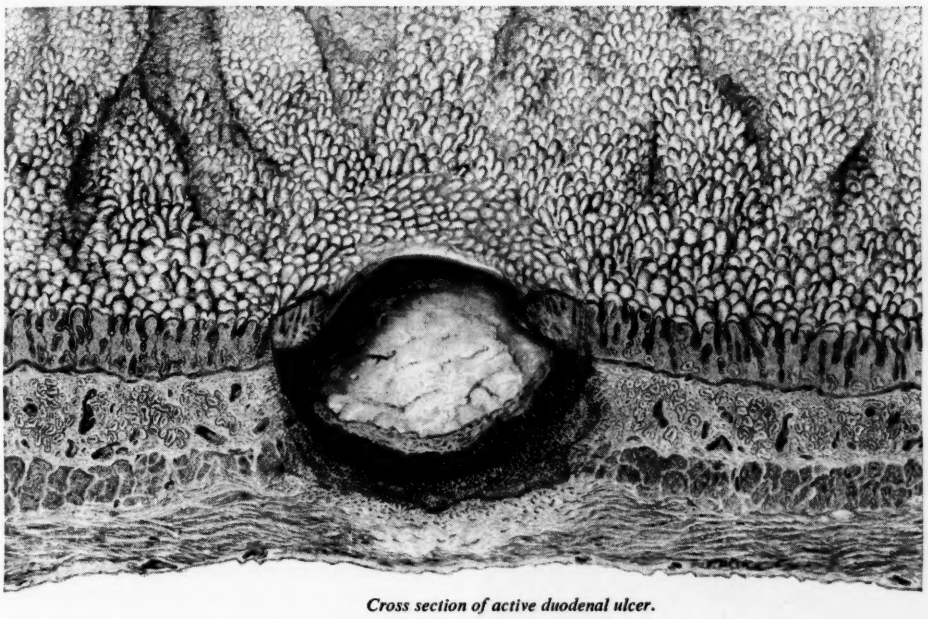
(*15 calls reported handled by telephone, or were cancelled, or were handled by rescue squad or ambulance prior to doctor's attendance.)

In the two months, 251 such letters were sent out and returns totaled 215, of which 15 were handled as noted above. Of the remaining 200 calls upon which our statistical study is based, almost half were listed by the doctors as being not real emergencies needing the immediate services of a physician. True, the doctor's opinion, backed by professional training, might be considered an unfair comparison against that of a patient, or a patient's relative, disturbed by an illness or an accident. But the diagnoses reported by the doctors for many of the non-emergency cases, as will be noted later, indicate that lack of public understanding of the value and proper use of the emergency service could eventually destroy its present efficiency and effectiveness.

The Time Element

To determine the hours when the emergency service had its most demands for physicians, the returns were checked on the basis of calls from 7:00 A.M. until the physician would be in his office

continued on page 556



Cross section of active duodenal ulcer.

Dramatic Remission of Ulcer Pain

Pain of ulcer is associated with hypermotility; the pain is relieved when abnormal motility is controlled by Pro-Banthine.®

"In studying[1] the mechanism of ulcer pain, it is obvious that there are at least two factors which must be considered: namely, hydrochloric acid and motility.

"... our studies indicate that ulcer pain in the uncomplicated case is invariably associated with abnormal motility....

"Prompt relief of ulcer pain by ganglionic blocking agents ... coincided exactly with cessation of abnormal motility and relaxation of the stomach."

Pro-Banthine (β-diisopropylaminoethyl xanthene-9-carboxylate methobromide, brand of propantheline bromide) is a new, improved, well tolerated anticholinergic agent which consistently reduces hypermotility of the stomach and intestinal tract. In peptic ulcer therapy[2] Pro-Banthine has brought about dramatic remissions, based on roentgenologic evidence. Concurrently there is a reduction of pain or, in many instances, the pain and discomfort disappear early in the program of therapy.

One of the typical cases cited by the authors[2] is that of a male patient who refused surgery despite the presence of a huge crater in the duodenal bulb.

"This ulcer crater was unusually large, yet on 30 mg. doses of Pro-Banthine [q.i.d.] his symptoms were relieved in 48 hours and a most dramatic diminution in the size of the crater was evident within 12 days."

Pro-Banthine is proving equally effective in the relief of hypermotility of the large and small bowel, certain forms of pylorospasm, pancreatitis and ureteral and bladder spasm. G. D. Searle & Co., Research in the Service of Medicine.

---

1. Ruffin, J. M.; Baylin, G. J.; Legerton, C. W., Jr., and Texter, E. C., Jr.: Mechanism of Pain in Peptic Ulcer, Gastroenterology *23*:252 (Feb.) 1953.
2. Schwartz, I. R.; Lehman, E.; Ostrove, R., and Seibel, J. M.: A Clinical Evaluation of a New Anticholinergic Drug, Pro-Banthine, Gastroenterology *25*:416 (Nov.) 1953.

IT'S AN EMERGENCY!

continued from page 554

at 2:00 P.M., during the usual office hours, 2:00 to 6:00 P.M., from 6:00 P.M. until midnight, and then from midnight until 7:00 A.M. (Table II). Most calls were in the evening hours, 6:00 P.M. to midnight, and the total for both emergencies and reported non-emergencies for this time period was 87, one-third of our total reported in the two months. The afternoon hours, as was to be expected, provided the lowest demand, but this group turned up the most unusual report of a 1:14 P.M. call made to a patient on an upper floor apartment of a building in which several doctors had offices, and who presumably could have been available to the person requesting emergency service!

Two-Thirds Pay

The study shows (Table III) that physicians were paid for their services on emergency calls in two-thirds of the cases. There was little difference whether the call was for a real emergency or not, for 72 of the cases out of 103 that doctors called real emergencies resulted in payment to the doctor of his fee, while 58 of the doctor-reported non-emergencies were also paid. Yet, in spite of the fact that many of the non-emergency patients paid the doctor's fee, the majority of the doctors are of the opinion that the cases should not have been emergency calls to the Medical Bureau. It is apparent that there is need of public education of the importance of calling upon the Medical Bureau only when the patient cannot be taken to a doctor's office or a hospital, or when the illness is sudden or acute, leaving no doubt that immediate medical attention is imperative.

Because the welfare department allows its beneficiaries to call a physician for whom it will pay a fee at a rate below the prevailing rates for medical visits, an attempt was made to check on the number of calls from such persons. Of a total of 30, 19 were non-emergency calls. Since some of these calls may be paid for by the welfare department if the doctor forwards proper vouchers and statements, it is possible that the total of 68 non-paying cases for the two months might ultimately be a lower figure.

TABLE II
Time of Emergency Calls for Physician

	7 a.m. to 2 p.m.	2 p.m. to 6 p.m.	6 p.m. to 12 a.m.	12 a.m. to 7 a.m.
MARCH				
Emergencies (45)	13	5	27	0
Non-Emergencies (57)	15	9	23	10
APRIL				
Emergencies (58)	12	9	16	21
Non-Emergencies (40)	7	6	21	6
Two-Month Totals— Emergencies and Non-Emergencies	47	29	87	37

Night Calls

Of most concern was the matter of calls for doctors in the late hours of the night, or in the early morning hours. A further breakdown of the figures in Table II would indicate a sizable majority of the evening calls to be in the late hours. These calls, plus the 37 listed from midnight to seven o'clock in the morning, represent demands upon physicians resulting in the loss of sleep with the consequent effect upon the physician's personal health, and his ability to carry out a full program of professional activity the ensuing work day. Here again it is apparent that some means of educating the public must be considered in fairness to the physician, and more important, in fairness to the citizen who faces a real medical emergency in the night hours and must have the services of a physician.

It is interesting to note that all the 60 non-emergency calls in the night time could have waited until the next day with no harmful result to the person reported ill, while even 12 of the emergencies were similarly reported.

Non-Emergency Diagnoses

As previously stated, the interpretation of what is an emergency demanding the immediate services of a physician varies according to the view of the doctor and of the patient or the patient's relative. Allowing for broad interpretations of what constitutes emergency service, we find that diagnoses and comments made by the physicians regarding the calls in the non-emergency category indicate a flagrant misuse of the Medical Bureau's service, as well as of the physician's time and professional talents.

Here are some of the diagnoses and comments reported:

"Patient had had condition several days."

"Nervousness; cold."

"No physical findings of sickness were found at time of examination."

"Patient was sick for three days."

TABLE III

Payment for services on Emergency Calls

	Fee Paid	Part Payment	NO Payment	Welfare Cases
MARCH				
Emergencies (45)	33	1	11	3
NON-Emergencies (57)	36	0	21	12
APRIL				
Emergencies (58)	39	0	19	8
NON-Emergencies (40)	22	1	17	7
Two Month total (200 calls)	130	2	68	30

continued on next page

"This 40-year-old woman complained of a sore throat. Findings were minimal. She was obviously under the influence of alcohol."

"Had epigastric distress for several days after meals. In no distress at time of visit."

"When they called the Medical Bureau the relative said the patient had a fall. But patient fell down on the floor *four* days previously. No visible or palpable signs of injury on examination."

"Nine-year-old child complained of chronic headaches and a little pain in ear. General condition good. Child probably had a chronic otitis media. *Child had an appointment next day with an E & T specialist* but mother said she wanted to know if it would be necessary to keep that appointment." (All this at midnight.)

"Patient mentally upset; could have gone to physician's office."

"Patient was emotionally upset, and she and her family needed reassurance."

"Child had had a cough for two days. No fever. He was up and dressed and had no complaints."

"Patient had been sick several days and was no worse when seen."

"Patient was a 41-year-old, very neurotic woman complaining of an assortment of aches and pains. Physical examination was negative except for some bruises on her face inflicted several days before by the landlord."

"This 83-year-old woman completed the sale of her home that day and she went downtown to 'celebrate' with her son. When seen she was mildly excited and perhaps had a mild gastroenteritis from the food and drink she had taken. Examination was otherwise negative."

"Allergic rash."

"Patient was a chorus girl employed at the —— Club. She apparently had a disagreement with one of her friends and she became hysterical. No evidence of disability noted."

"This woman was in acute hysteria for two days. The call (at 12:21 A.M.) could have been made earlier in the previous day."

"Felt well when attended."

"Patient had been coughing for 2 to 3 weeks. When seen was in no distress. Diagnosis—bronchitis."

"Patient felt 'weak'; examination negative."

"Mother very concerned about grown son who had fallen out of bed some time prior to call."

"Child had been sick for 2 days and could have waited another 2 days!"

"Patient desired diathermy treatment at 10:22 P.M. for backache!"

"Patient became sick downtown and took bus home (about 12 miles from the city). A third party placed the call. The patient could have gone to a doctor's office rather than have a doctor go all the way out to his home. Incidentally, from the time the call was received, and answered immediately, until the time I returned to my office, a total of two hours had elapsed."

"This was a case of mild chronic alcoholism."

"Sore rectum."

Family Doctor Prescribed

As a means of public education, the Medical Bureau has for the past year sent to each person for whom emergency physician's service is provided, a form letter (Table IV) suggesting that the family communicate with a physician in their immediate neighborhood, or of their own choice, and arrange that he be their family doctor to whom they may look for continuous medical attention. Surprisingly some people have resented this suggestion, although they may owe their good health to the emergency service given them through the assistance of the Medical Bureau.

TABLE IV

Medical Bureau of the Providence Medical Association
106 Francis Street, Providence 3, Rhode Island
JAckson 1-2331

We were glad to be of assistance to you when you called the Medical Bureau of the Providence Medical Association recently for the services of a physician in an emergency.

It is not easy, however, to secure such services on short notice, day or night. Therefore it is imperative now that you personally contact a physician of your own choice to whom you may turn for medical care for your family in the future.

MEDICAL BUREAU

—Serving the Medical Profession and the Public in Metropolitan Providence—

CONCLUSIONS

A study of 200 emergency calls for physicians in a large metropolitan area has been reported, and it is shown that half the calls are considered by the attending physicians to be non-emergency cases.

Most emergency calls for a physician are made in the hours between 6:00 P.M. and midnight, and many night calls are unnecessary and could wait until the following day for a medical examination.

Physicians are paid for the majority of emergency calls made, but many physicians would prefer their sleep or leisure time to the compensation received for non-emergency night-time calls.

The Medical Bureau and the physicians of the Providence area are receiving more so-called emergency demands than any comparable area in the country on the basis of available reports.

The need is great for a public education campaign for a "family doctor" for each family, for continuous medical care, including emergency service.

HEXAMETHONIUM AND "APRESOLINE" (L-HYDRAZINOPHTHALAZINE) IN THE TREATMENT OF MALIGNANT HYPERTENSION

Report of a Case

JOHN A. ROQUE, M.D.

The Author. *John A. Roque, M.D., of Cranston, Rhode Island, Assistant Physician, Department of Medicine, and Visiting Physician, Department of Cardiology, St. Joseph's Hospital; Assistant Physician, Department of Medicine, Rhode Island Hospital; Assistant Physician, Cardiology Division, Providence Lying-In Hospital.*

WHETHER the sydrome of malignant hypertension represents a separate disease entity or is merely a "phase" of essential hypertension is a moot question, and has not been established to the satisfaction of all, including the writer. The rapid fatal course that characterizes the disease however is well known to all clinicians. The characteristic clinical features, including the elevated systolic and particularly diastolic blood pressures, evidence of cardiovascular and renal impairment, and particularly the pathognomonic retinal picture of hemorrhage, exudate, and papilledema, are also well known and well documented.

In the past prognosis has been hopeless, and this has been true up to the present day. The well-known report of Keith, Wagner, and Barker;[1] the data of which not only established a satisfactory classification for hypertension, but also supplied data which has served as control material in evaluating the merits of particular forms of therapy in hypertensive cardiovascular disease, lists a 99% mortality for this disease (grade 4) after 5 years, the number of cases being followed being 146. Actually 79% did not survive 1 year. More recently, Palmer,[2] and others reported a 94% mortality in this group after an observation period of 8 years. It is the experience of many clinicians that the usual case of malignant hypertension exhibits a downhill course that frequently terminates before the first year of observation is completed.

Sympathectomy has been widely advocated for this type of patient, and in fact has proven effective in a certain number of cases. Peet and Isberg,[3] reported 143 cases of malignant hypertension treated by splanchnic resection with a five-year survival rate of 21.6%. Operative mortality for their relatively limited type of sympathectomy was 10%. They found the procedure futile in cases with either moderate or marked impairment of renal function, or marked cardiac enlargement, none of whom survived two years. Others, notably Smithwick,[4] utilizing a more extensive operative procedure, have apparently been more successful. In various publications the latter author has reported a survival rate of 40% for 43 cases of malignant hypertension followed for 5 to 10 years after operation.

That sympathectomy is of great importance in the treatment of these cases will be denied by few. However, those of us who do not have the opportunity of following such large series of cases are apt to be guided, whether correctly or incorrectly, by our own limited experience, and it is certainly true that sympathectomy has been disappointing in many instances. Some of these failures have been said to be more responsive to the newer antihypertensive drugs.

Page,[5] has attacked the problem with the use of pyrogens, and these substances are given intravenously six days a week, the temperature being raised to 101-102°F. The treatment is prolonged until the patient receives no further benefit and this usually means three to four months. Some slight success has been reported, but the treatment has not found favor nor acceptance.

Bilateral adrenalectomy has been also attempted in a number of cases since adrenal cortical hormones have become available. In one case of malignant hypertension, the blood pressure was higher after operation, and the procedure does not in general appear to be promising.

Other forms of therapy including the use of veratrum and related compounds, low salt regime, and rice diet appear to have an uncertain or no effect on the course of malignant hypertension.

Recently however, Paton and Zaimis[6] reported on the pharmacology of hexamethonium, and it has been widely used in England and of late in this country. The drug is poorly and erratically absorbed by mouth, and associated with considerable gastrointestinal disturbance, particularly constipation which has approached intestinal obstruction. More recently it has been found preferable to employ the drug by the parenteral route. Hexamethonium is a potent ganglionic blocking agent, with

continued on page 562

For the infections common to the fall of the year to which we all are heir, a prescription of choice among physicians the world over is often

Terramycin®

BRAND OF OXYTETRACYCLINE

Worldwide experience over many years has established this well-tolerated, promptly effective, broad-spectrum antibiotic as an agent of choice in the treatment of infections due to susceptible gram-positive and gram-negative bacteria, rickettsiae, spirochetes, certain large viruses and protozoa.

Supplied in convenient dosage forms required for individualized regimens: Terramycin Capsules, Tablets *(sugar coated)*, Pediatric Drops, Oral Suspension, Intravenous, Intramuscular, Ophthalmic *(for solution)*, Ophthalmic Ointment, Ointment *(topical)*, Vaginal Tablets, Troches, Otic, Nasal, Aerosol, Soluble Tablets and Topical Powder.

Pfizer

PFIZER LABORATORIES, Brooklyn 6, N.Y.
Division, Chas. Pfizer & Co., Inc.

MALIGNANT HYPERTENSION

continued from page 560

more prolonged effect than either of its related compounds, tetra-ethyl ammonium chloride and penta-methonium salts. Because of its ganglionic blocking effect, it will cause a reduction in blood pressure, and this has been noted by a number of British investigators. They, and more recently Sokolow[7] and others in this country, have treated cases of malignant hypertension with this drug and have noted improvement in blood pressure, regression of eyeground changes, and improvement in the electrocardiogram in a number of cases. Schroeder has been one of the pioneers in this work, and later combined the drug with L-Hydrazinophthalazine. At the present time it seems that drug therapy for malignant hypertension is not limited to sedation and other simple measures. Drugs are available that can change not only the level of the blood pressure, but also some of the cardinal manifestations of the disease. With this drug therapy as now available, papilledema has disappeared, retinal hemorrhages and exudates have cleared entirely, and electrocardiograms have reverted to normal.

Unfortunately this therapy is not without danger. Wilkins[8] reported a case of myocardial infarction occurring as a result of this therapy, and there have been a number of instances of fatal and near-fatal episodes associated with the profound hypotension and syncope that have resulted from medication with this agent. Its use demands hospitalization for thorough study and constant watchfulness while the drug is instituted. Needless to say, such remediable conditions as coarctation of the aorta, pheochromocytoma, and unilateral renal disease must be excluded.

The following case is perhaps illustrative of the effects of combined therapy with Hexamethonium and L-Hydrazinophthalazine.

Case Report

W. T., a 48-year-old white married male, was seen in the writer's office on May 2, 1953, complaining of headache, tiredness, and weight loss of fourteen pounds, all for the past four months. His blood pressure had always been normal until three months previously when he was told that it was high. Following three months of osteopathic manipulation his condition failed to improve, and he felt poorly. When first seen his blood pressure was 240/140 in each arm. There was good femoral pulsation bilaterally. Examination of the eyegrounds revealed papilledema, exudate and hemorrhages on each side. Hospitalization was advised for further study, and on May 7, 1953, he was admitted to the Rhode Island Hospital.

The patient felt fairly well during his entire hospital course. Chest x-ray was not remarkable and

showed no enlargement of the heart. An initial urinalysis revealed a specific gravity of 1021, trace of protein, trace of sugar, 1-3 red cells, and 2-4 white cells. Repeated urinalyses showed occasional red and white cells, with a slight trace of protein. An electrocardiogram on 5-9-53 showed an isoelectric T wave in lead 1 with flattened T waves to the left of the precordium. This was repeated on 5-16 and the findings were identical. Urea clearance showed 81% of normal standard clearance and when repeated, 90% of normal standard clearance. PSP showed 75% of the dye excreted. Blood urea nitrogen was found to be 14. An intravenous pyelogram was normal. Fasting glucose was 74. Regitine (5 mg. i. v.) failed to cause any drop in blood pressure, thus ruling out pheochromocytoma. On 5-14, the patient was started on Hexamethonium* subcutaneously, this being administered every 12 hours. The dose was gradually increased to a total of 1½ cc. (45 mg. of hexamethonium ion.) without any untoward effects except for one episode of "blacking out." Blood pressure showed a moderate drop during this time, and at one point reached 120/80. This proved to be a very transient effect. On 5-18-53 L-hydrazinophthalazine was added, 25 mg. four times a day, and this was later increased to 50 mg. q.i.d. The patient did experience some headache, which was most marked when one dose of hexamethonium was inadvertently omitted. His blood pressure on discharge May 24th was 170/100.

Shortly after being discharged from the hospital the patient returned to work. He followed a somewhat restricted sodium diet, and in addition took 100 mg. L-hydrazinophthalazine four times a day. He administered his dose of hexamethonium to himself every 12 hours, lying down for an hour after this to prevent any hypotensive reaction. He also took phenobarbital gr. ¼ four times a day. On May 26, an EKG was within normal limits, with upright T waves in lead 1 as well as in the precordial leads. He has been followed at frequent intervals and during this time his blood pressure has ranged from a high of 196/100 to a low of 156/80. The systolic pressure has averaged 160 to 180, and the diastolic 80 to 90. During this period the hemorrhages and exudate previously seen in both retinae have entirely cleared. Papilledema has also disappeared except for very slight blurring of the disc on the left. The hexamethonium has been gradually reduced since January of this year and at the present time, the patient has stopped the drug entirely, and is on apreloline 100 mg. four times a day. When seen last on September 27, 1954, he felt well and the blood pressure was 168/90. It is felt that in this case the phase of malignant hypertension has been reversed. This has been carried out

*Hexamethon chloride (Burroughs Wellcome Co.)

concluded on next page

in an ambulatory patient who has continued to work, during the period of treatment.

REFERENCES

[1]Keith, Wagner, & Barker: Some Different Types of Essential Hypertension: Their Course and Prognosis. American Journal of Medical Science, 197; p. 332

[2]Palmer, R., Loofbourow, D., & Doering, C.: Prognosis in Essential Hypertension. Eight-year follow-up study of 430 patients on Conventional Medical Treatment. New England Journal of Medicine, 239; p. 990

[3]Peet, M., and Isberg, E.: The Problem of Malignant Hypertension and its Treatment by Splanchnic Resection. Annals of Internal Medicine, Vol. 28, p. 755, 1948

[4]Smithwick, R.: The Surgical Physiology of Hypertension. Surgical Clinic of North America, December, 1949, p. 1699

[5]Page, I.: Treatment of Essential and Malignant Hypertension. Journal of American Medical Association, Vol. 147, No. 14, p. 1311

[6]Paton, W., & Zaimis, F.: The Pharmacological Actions of Polymethylene Bistrimethylammonium salts. Brit. J. Pharmacol., Vol. 4, p. 381, 1949.

[7]Sokolow, M., & Schottstaedt, M.: The Management of Malignant Hypertension. Annals of Internal Medicine, Vol. 38, p. 647, 1953

[8]Wilkins, R.: New Drug Therapies in Arterial Hypertension. Annals of Internal Medicine, Vol. 37, p. 1144, 1952

ANNUAL DUES

The action of the House of Delegates in raising the annual dues ten dollars was an action necessary to cope with the rising costs of operation and maintenance of the Medical Library and the society's varied activities in behalf of the profession and the public. Mainly is the need for the repairs long overdue, for the library building which has weathered forty-four years with a minimum of expenditures for repairs.

Three years ago the boiler for heating the building had to be replaced, and last year conversion of oil heat added another sizable addition to the limited budget for the overall operation of the Society. At the present time the trustees of the building are faced with the necessity of repairing the roof, pointing the brick exterior, and the painting of the auditorium and the main reading room.

Built in 1912 through funds subscribed by the physicians then members of the Society, the Rhode Island Medical Library is one of the few such institutions in the country that is maintained entirely by the doctors of medicine for not only their use, but for the use of the public generally. Most state medical libraries are adjuncts of medical schools, but with no medical school here, our membership has accepted the responsibility from earliest times to compile, catalog, and make available all the latest medical texts and journals.

Figured in money values the Medical Library could not be replaced for a million dollars should

the State accept the task of duplicating it, and the maintenance would undoubtedly be set at a far higher figure than that under which our budget committee operates annually.

We have reason to be proud of our building, and of the services the Society has rendered this State and its citizens through the library since its doors were opened for the first time in 1912. We all recognize the cost of home ownership in the period of rising costs that has existed in the past ten years. We operated at a net loss in conducting all the society's activities for the period 1950 through 1953. The House of Delegates therefore has turned to the membership for additional financial support. We are sure that every physician will recognize the need and respond willingly to meet it.

BOOK REVIEW

EMERGENCY TREATMENT AND MANAGEMENT by Thos. Flint Jr. W. B. Saunders Co. Phil., 1954. $5.75

This small book concisely and adequately covers all emergencies which are likely to be seen in medical practice. The topics are arranged alphabetically and the index is large making it very easy to locate any topic. Of special merit are the sections on the surgical management of wounds, common poisons, toxic constituents of commercial preparations and the more common fractures.

The author is to be commended for strictly adhering to the limits imposed by the title. EMERGENCY TREATMENT will prove of decided value to all accident room physicians, practitioners of general medicine and those seeing patients with complaints outside their specialty.

LEONARD J. EPSTEIN, M.D.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946
(Title 39, United States Code, Section 233)
SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

Rhode Island Medical Journal, published monthly at Providence, R. I., for October, 1954.

1. The names and addresses of the publisher, editor, and managing editor are: Publisher, *Rhode Island Medical Society*, 106 Francis Street, Providence, R. I.; Editor, Peter Pineo Chase, M.D., 106 Francis Street, Providence, R. I.; Managing editor, John E. Farrell, Sc.D., 106 Francis Street, Providence, R. I.

2. The owner is: Rhode Island Medical Society, 106 Francis Street, Providence, R. I.

3. The known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: None.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

PETER PINEO CHASE, M. D., *Editor-in-Chief*

Sworn to and subscribed before me this 30th day of September, 1954.

JOHN E. FARRELL, *Notary Public*
(My commission expires June 30, 1956)

ROSTER OF FELLOWS 1954

THE RHODE ISLAND MEDICAL SOCIETY

Where District Society is not listed after the name the Fellow is a member of the Providence Medical Association.

Telephone numbers have been checked with the latest available directories and every effort has been made to insure accuracy.

Any errors in this listing should be reported immediately to the Executive Office of the Society.

***Indicates non-resident member.**

KEY TO SPECIALTIES

A—Allergy
ALR—Otology, Laryngology, Rhinology
Anes—Anesthesiology
Bact—Bacteriology
C—Cardiovascular Disease
CP—Clinical Pathology
D—Dermatology
G—Gynecology
GE—Gastroenterology
HAd—Hospital Administration
I—Internal Medicine
Ind——Industrial Practice
N—Neurology
NS—Neurological Surgery
OALR—Ophthalmology, Otology, Laryngology, Rhinology
Ob—Obstetrics
ObG—Obstetrics, Gynecology
Oph—Ophthalmology
Or—Orthopedic Surgery
P—Psychiatry
Path—Pathology
Pd—Pediatrics
PH—Public Health
PL—Plastic Surgery
PM—Physical Medicine
PN—Psychiatry, Neurology
Pr—Proctology
Prev. Med—Preventive Medicine
Pul—Pulmonary Diseases
R—Roentgenology, Radiology
S—Surgery
U—Urology

Information compiled from the American Medical Association Directory, the Directory of Medical Specialists and the Yearbook of the American College of Surgeons.

The name of a physician who *limits his practice* to one field is marked with the appropriate symbol.

A

Abbate, Rocco (*Kent*) 873 Warwick Avenue, Lakewood (I) ..... HO 1-3323
Abramson, Lewis, (*Newport*) 280 Broadway, Newport (Pd) ..... Newport 5400
Addario, Carmelo, (*Washington*) Box 323, North Road, Shannock ..... Carolina 4-7213
Adelman, Maurice, 209 Angell Street, Providence 6 (Pd) ..... DE 1-9129
Adelson, Samuel, (*Newport*) 135 Touro Street, Newport (S) ..... Newport 784
Agnelli, Freeman B., (*Washington*) 29 Elm Street, Westerly (PH) ..... Westerly 2507
Alexander, George H., 325 Angell Street, Providence 6 (P) ..... DE 1-8451
Allen, Reginald A., 289 Angell Street, Providence 6 (Pd) ..... GA 1-5552
Allin, Francis E., 11 George Street, North Providence ..... CE 1-6411
Anderson, Carl V., Capt., (0-1917371), (*Kent*) U.S.A.H., 8168 A.U. Yokohama, Japan, APO 503, c/o Postmaster, San Francisco, California
Angelone, C. Thomas, 872 Park Avenue, Cranston 10 ..... HO 1-3900
Angeloni, Tito, Pettey Avenue, Mount View, East Greenwich ..... TU 4-2878
Appleton, Ruth, 35 Taber Avenue, Providence 6 (Pd) ..... GA 1-4033
Archetto, Angelo, 964 Cranston Street, Cranston (Anes) ..... EL 1-3717
Arciero, Michael, 225 Admiral Street, Providence 8 ..... GA 1-7330
Arlen, Richard S., 359 Broad Street, Providence 7 ..... DE 1-8210
Armington, Herbert H., 789 Broad Street, Providence 7 ..... ST 1-4115
Ashton, George W., (*Woonsocket*) Chapel Street, Harrisville ..... Pascoag 91
Ashworth, Charles J., 184 Angell Street, Providence 6 (S) ..... GA 1-4370
*Astle, Christopher J., 1232 East 27th Place, Tulsa, Oklahoma (Oph)

B

Babcock, Henry H., 305 Blackstone Boulevard, Providence 6 (P) ..... JA 1-3400
Badway, Joseph M., 549 Broadway, Providence 9 ..... UN 1-2400
Baldridge, Robert R., 192 Angell Street, Providence 6 (S) ..... GA 1-3448
*Bandeian, Alice M., (*Pawtucket*) 210 Pine Street, Holyoke, Massachusetts ..... Holyoke 2-3254
Barber, Paul E., (*Kent*) 1022 Main Street, West Warwick ..... VA 1-8400
Barnes, Albert E., (*Pawtucket*) 491 Broad Street, Lonsdale ..... PA 5-1740
Baron, Philip, 111 Waterman Street, Providence 6 (U) ..... GA 1-3629
Baronian, Durtad R., 688 Cranston Street, Providence 7 (I) ..... WI 1-3310

Barr, Kathleen M., 605 Hope Street, Providence 6 ..... GA 1-4114
Barrett, John T., 122 Waterman Street, Providence 6 (Pd) ..... JA 1-2244
*Barry, Ambrose G., (*Pawtucket*) Veterans Administration Hospital, Sunmount, New York
Bartley, James H., Jr., 7 Benefit Street, Providence 3 ..... DE 1-6350
Batchelder, Philip, 129 Waterman Street, Providence 6 (R) ..... GA 1-2166
Bates, Reuben C., 122 Waterman Street, Providence 6 (Pd) ..... GA 1-4233
Baute, Joseph A., (*Kent*) 4547 Post Road, East Greenwich 1 ..... TU 4-9440
Beardsley, J. Murray, 154 Waterman Street, Providence 6 (S) ..... UN 1-1880
Beaudin, Briand N., (*Kent*) 46 West Warwick Avenue, West Warwick (Pd) ..... VA 1-3650
Beaudoin, Louis I., (*Pawtucket*) 796 Central Avenue, Pawtucket ..... PA 2-7696
Beaudreault, Elphege A., (*Woonsocket*) 441 South Main St., Woonsocket (S) ..... Woon. 4949
Beck, Irving A., 355 Thayer Street, Providence 6 (I) ..... UN 1-1452
Beckett, Francis H., 189 Waterman Street, Providence 6 ..... GA 1-3342
Behrendt, Vera M., State Hospital, Howard (P) ..... ST 1-4700
Bell, Duncan W. J., 227 Angell Street, Providence 6 (Pd) ..... DE 1-0159
Bellavance, Cyril J., 167 Angell Street, Providence 6 (Or) ..... DE 1-4901
Bellin, Leonard, 325 Angell Street, Providence 6 (Pd) ..... DE 1-3455
Bellino, Antonio E., 341 Broadway, Providence 9 ..... PL 1-2224
Benjamin, Emanuel W., 105 Waterman Street, Providence 6 (R) ..... JA 1-1441
Bernardo, John R., (*Bristol*) 342 High Street, Bristol (ObG) ..... BR 1-0319-M
Bernasconi, Ezio J., 726 Broad Street, Providence 7 (Oph) ..... WI 1-3212
Bernstein, Perry, 169 Angell Street, Providence 6 (ObG) ..... DE 1-5115
Berrillo, Anacleto, 409 Broadway, Providence 9 ..... UN 1-6611
Bertini, Armando A., (*Pawtucket*) 9 Cottage Street, Pawtucket ..... PA 5-7329
Bertone, Virgilio M., (*Woonsocket*) 21 Hamlet Avenue, Woonsocket ..... Woonsocket 2560
Bestoso, Robert L., (*Newport*) 64 Touro Street, Newport ..... Newport 3036-W
Billings, Edmund, 223 Thayer Street, Providence 6 (S) ..... DE 1-6085
Bishop, E. Wade, 182 Waterman Street, Providence 6 ..... GA 1-2475
Blanchard, Howard E., 59 Elmwood Avenue, Providence 7 (ALR) (PL-ALR) ..... GA 1-2622
Bliss, Joseph A., (*Woonsocket*) 15 Monument Square, Woonsocket ..... Woonsocket 3434-W
Blount, Samuel G., 7 French Road, Box 127, Kingston ..... Narragansett 3-2447
Bolotow, Nathan A., 126 Waterman Street, Providence 6 (ALR) (PL-ALR) ..... GA 1-5387
Botvin, Morris, 155 Angell Street, Providence 6 (Oph) ..... UN 1-1210
Boucher, Paul E., (*Woonsocket*) 55 Hamlet Avenue, Woonsocket ..... Woonsocket 67-W
Boucher, Reginald H., (*Pawtucket*) 704 Main Street, Pawtucket ..... PA 3-5534
Bourn, Lucy E., 456 Brook Street, Providence 6 (Pd) ..... DE 1-1694
Bowen, Earl A., 669 Park Avenue, Cranston 10 ..... HO 1-4130
Bowen, John R., 205 Waterman Street, Providence 6 (S) ..... JA 1-0500
Bowles, George E., 154 Waterman Street, Providence 6 (ObG) ..... DE 1-1898
Boyd, James F., 195 Angell Street, Providence 6 (R) ..... GA 1-1589
Bradshaw, Arthur B., 49 Beacon Avenue, Providence 3 ..... GA 1-3852
Bray, Russell S., 454 Angell Street, Providence 6 (GE) ..... PL 1-2440
Brennen, Earle H., 58 John Street, East Providence 14 ..... EA 1-0942
Breslin, Robert H., 1494 Broad Street, Providence 5 ..... HO 1-3113
Brochu, Charles E., (*Woonsocket*) 38 Hamlet Avenue, Woonsocket (R) ..... Woonsocket 6174
Brothers, John H., 637 Smith Street, Providence 8 (I) ..... DE 1-4180
*Brown, Abe A., 18963 Wisconsin Street, Detroit 21, Michigan
Brown, Thomas D., (*Newport*) 2520 East Main Road, Portsmouth ..... Newport 500
Brownell, Henry W., (*Newport*) 10 Bull Street, Newport ..... Newport 512-W
Bruno, C. Paul, (*Bristol*) 51 Church Street, Bristol ..... BR 1-0514
Bruno, Louis C., 31 Top Hill Road, North Providence (ObG) ..... PA 3-4455
Bruno, Rocco, (*Pawtucket*) 193 East Avenue, Pawtucket ..... PA 3-4669
Bryan, Charles E., 425 Willett Avenue, Riverside 15 ..... EA 1-0961
Buffum, William P., 122 Waterman Street, Providence 6 (A) ..... GA 1-3446
Burgess, Alex M., Area Medical Office, c/o V.A. Regional Office, 1 Beacon Street, Boston, Massachusetts (I) ..... Lafayette 3-8600
Burgess, Alexander M., Jr., 454 Angell Street, Providence 6 (I) ..... PL 1-2440
Burns, Francis L., 382 Broad Street, Providence 7 (ALR) ..... DE 1-1164
Burns, Frederic J., 5 Hillside Avenue, Providence 6 (I) ..... JA 1-7316
Burns, Louis E., (*Newport*) 24 Bull Street, Newport ..... Newport 39
Burrows, Ernest A., 116 Waterman Street, Providence 6 (PN) ..... GA 1-3636
Burton, Kenneth G., 124 Waterman Street, Providence 6 (Or) ..... GA 1-0473
Butler, Edward J., Jr., (*Pawtucket*) 387 Broadway, Pawtucket ..... PA 3-5780
Butler, William J., 227 Angell Street, Providence 6 (R) ..... DE 1-1110
Buxton, Bertram, Jr., 167 Angell Street, Providence 6 (ObG) ..... GA 1-6431

C

Caldarone, Alfred A., 104 Almy Street, Providence 9 ..... UN 1-4482
Calder, Harold G., 224 Thayer Street, Providence 6 (Pd) ..... GA 1-1947
Calenda, Daniel G., 171 Broadway, Providence (I) ..... DE 1-7171
Calise, Domenico, 441 Broadway, Providence 9 ..... UN 1-5529

continued on next page

Callahan, James C., (*Newport*) 10 Bull Street, Newport (S) ..... Newport 171
Cameron, Edward S., 82 Waterman Street, Providence 6 (S) ..... GA 1-1989
Campbell, Walter E., 224 Thayer Street, Providence 6 (PN) ..... GA 1-2324
Canale, Peter E., (*Kent*) Capt., 2112-1 U.S. Army Hospital, Carlisle Barracks, Pennsylvania
Capalbo, Sylvester A., (*Washington*) 75 Woodruff Avenue, Wakefield ..... Narra. 3-4791
Capobianco, Giovanni, 536 Admiral Street, Providence 8 (Pul) ..... GA 1-5819
Caputi, Anthony, (*Newport*) 140 Ruggles Avenue, Newport (I) ..... Newport 5248
Capwell, Remington P., 32 Reservoir Avenue, Providence 7 ..... WI 1-2255
Cardi, Alphonse R., 1303 Cranston Street, Cranston 9 ..... EL 1-1836
Cardi, Erminio R., 1681 Cranston Street, Cranston 9 ..... EA 1-6092-M
Cardillo, Edward, 354 Broadway, Providence (ObG) ..... JA 1-2030
Carey, John E., (*Newport*) 33 Kay Street, Newport (ObG) ..... Newport 2121-W
Carney, Wilfred I., 154 Waterman Street, Providence (S) ..... JA 1-5541
Carr, Edward A., Jr., MC, USN, Great Lakes Naval Hospital, Chicago, Illinois
Carroll, Robert E., 295 Angell Street, Providence 6 (I) ..... GA 1-7377
Case, Jarvis D., 203 Angell Street, Providence ..... GA 1-3040
Casey, Edward A., Veterans Administration Hospital, Davis Park, Providence (I) ..... JA 1-1700
Cashman, Charles W., Jr., 227 Angell Street, Providence 6 (S) ..... TE 1-3243
Castronovo, Joseph, 555 Broadway, Providence 9 ..... UN 1-6363
Catanzaro, Francis P., 57 Ledgewood Drive, Cranston (S) ..... RE 7-3659
Cate, Stanley E., (*Kent*) 999 Warwick Avenue, Warwick (I) ..... WI 1-1630
Catullo, E. Arthur, 1024 Chalkstone Avenue, Providence (Or) ..... EL 1-6858
Celestino, Pasquale J., (*Washington*) Main Street, Hope Valley ..... Hope Valley 154
Cella, Louis J., 514 Broadway, Providence 9 ..... UN 1-3535
Ceppi, Charles B., (*Newport*) 68 Narragansett Avenue, Jamestown ..... Jamestown 8
Cerrito, Louis C., (*Washington*) 22 Elm Street, Westerly (S) ..... Westerly 4232
Chafee, Francis H., 154 Waterman Street, Providence 6 (A) (I) ..... GA 1-4645
Chapas, Benedict, 341 Smith Street, Providence 8 (Anes) ..... DE 1-2925
Chapian, Mihran A., 173 Waterman Street, Providence 6 (U) ..... GA 1-0913
Chapman, James G., (*Pawtucket*) 1154 Lonsdale Avenue, Central Falls ..... PA 5-7340
Charon, George E., 892 Atwells Avenue, Providence 9 ..... TE 1-1124
Chase, Peter P., 104 Congdon Street, Providence (S) ..... DE 1-8047
Chaset, Nathan, 105 Keene Street, Providence 6 (U) ..... UN 1-8979
Chesebro, Edmund D., Theinert House, Greenville ..... CE 1-6193
Chimento, Dominic, (*Washington*) 59 Elm Street, Westerly ..... Westerly 2306
Cianci, Vincent A., 54 Pocasset Avenue, Providence 9 (Pr) ..... TE 1-3395
Ciarla, Philomen P., (*Newport*) 105 Pelham Street, Newport ..... Newport 531
Cicma, Haralambie G., 63 Angell Street, Providence 6 (D) ..... GA 1-8485
Cinquegrana, Oswald, Capt., MC, Valley Forge Army Hospital, Phoenixville, Pennsylvania
Clark, Samuel D., (*Bristol*) 209 Hope Street, Bristol ..... BR 1-0003
*Clarke, B. Earl, St. Luke's Hospital, New York (Path)
Clarke, Elliott M., (*Pawtucket*) 20 Capwell Avenue, Pawtucket ..... PA 5-2731
Clarkin, Arthur J., 377 Angell Street, Providence 6 (U) ..... GA 1-4144
Clune, James P., 156 Auburn Street, Cranston 10 ..... HO 1-1900
Cohen, Earle F., 176 Waterman Street, Providence 6 (Pd) ..... JA 1-5100
Cohen, Leo, 164 Prairie Avenue, Providence 5 ..... GA 1-3326
Cohen, Paul, (*Woonsocket*) 99 Main Street, Woonsocket ..... Woonsocket 6117
Cohen, William B., 105 Waterman Street, Providence 6 (D) ..... GA 1-0843
Colagiovanni, Marco, 288 Broadway, Providence 3 ..... GA 1-5894
Collom, Harold L., (*Kent*) 3235 Post Road, Warwick ..... RE 7-2334
Conde, George F., 67 Academy Avenue, Providence 8 ..... EL 1-2313
Congdon, Palmer, 454 Angell Street, Providence 6 (I) ..... PL 1-2440
Connor, Hilary H., 264 Reservoir Avenue, Providence (Pd) ..... WI 1-5130
Conrad, E. Victor, 666 Elmgrove Avenue, Providence 6 (S) ..... PL 1-1894
Conte, Alfred C., 540 Charles Street, Providence 4 ..... GA 1-8895
Cook, Paul C., 1451 Broad Street, Providence 5 (I) ..... WI 1-4412
Cooke, Charles O., 167 Power Street, Providence 6 (S) ..... GA 1-3538
Coppa, Vito L., 224 Thayer Street, Providence 6 (ObG) ..... DE 1-2828
Coppolino, Dominic L., 147 Hilltop Drive, Cranston (P) ..... RE 7-1121
Corcione, Mary B., 189 Broadway, Providence 3 ..... JA 1-1787
Corrigan, Francis V., 613 Angell Street, Providence 6 (Pd) ..... GA 1-1347
Corsello, Joseph N., 331 Broadway, Providence 9 (I) ..... GA 1-4333
Corvese, Anthony, 243 Broadway, Providence 3 ..... DE 1-7677
Cox, Charles V., Rhode Island Hospital, Providence (Anes) ..... DE 1-4300
Cox, James H., 141 Waterman Street, Providence 6 (Oph) ..... GA 1-6336
Crane, G. Edward, 223 Thayer Street, Providence 6 (Or) ..... GA 1-5324
Crank, Rawser P., 765 Park Avenue, Cranston 10 (CP) ..... WI 1-1614
Crepeau, George A., (*Woonsocket*) 34 Hamlet Avenue, Woonsocket (Pd) Woonsocket 3102-W
Croce, Gene A., 195 Waterman Street, Providence 6 (ObG) ..... GA 1-8722
Cronick, Charles H., 154 Waterman Street, Providence 6 (PN) ..... JA 1-0952
Cuddy, Arthur B., 512 Pontiac Avenue, Cranston 10 ..... WI 1-5249

continued on page 570

Cummings, Frank A., 171 Angell Street, Providence 6 (GE) ..... DE 1-6622
Curran, Edmund B., 243 Elmwood Avenue, Providence 7 (S) ..... JA 1-5951
Curren, L. Addison, 789 Park Avenue, Cranston 10 ..... WI 1-1568
Cutts, Frank B., 154 Waterman Street, Providence 6 (I) (C) ..... GA 1-2664
Cutts, Katherine K., 9 Irving Avenue, Providence 6 (Pd) ..... PL 1-4772
Cutts, Morgan, 154 Waterman Street, Providence 6 (I) ..... DE 1-3427
Czekanski, Andrew G., (*Pawtucket*) 377 Broadway, Pawtucket (I) ..... PA 6-7225

D

Damarjian, Edward, 124 Waterman Street, Providence 6 (Anes) ..... GA 1-1808
D'Angelo, Antonio F., 99 State Street, Bristol ..... BR 1-0761
Darrah, Harry E., 42 Woodbury Street, Providence 6 (Anes) ..... DE 1-1035
Dashef, Oscar Z., (*Woonsocket*) 18 Monument Square, Woonsocket (Pd) Woonsocket 6011-W
Davies, Stanley D., (*Kent*) 8 St. John Street, West Warwick (ObG) ..... VA 1-3262
Davila, Pedro M., State Hospital for Mental Diseases, Howard (P) ..... ST 1-4700
Davis, George W., 1732 Broad Street, Edgewood 5 (ObG) ..... WI 1-2433
Davis, William P., 182 Waterman Street, Providence 6 (S) ..... DE 1-1536
DeCarvalho, Asdrubal S., 185 Warren Avenue, East Providence (I) ..... EA 1-0536-J
Deery, James P., 331 State Office Building, Providence 2 (PH) ..... JA 1-7100
DeFusco, Bruno G., 189 Broadway, Providence 3 (Pd) ..... UN 1-4509
Del Fino, Joseph J., (*Kent*) 2739 Post Road, Greenwood (S) ..... RE 7-4311
Dell, Arthur M., 205 Taunton Avenue, East Providence 14 ..... EA 1-3554
DeLuca, Joseph, 158 Governor Street, Providence 6 (S) ..... PL 1-2243
Denhoff, Eric, 293 Governor Street, Providence 6 (Pd) ..... GA 1-1837
DeNyse, Donald L., 922 Park Avenue, Cranston 10 (I) ..... WI 1-2266
Deos, Harland M., 41 Dover Avenue, East Providence 14 (Anes) ..... EA 1-4204
DeStefani, Carlo J., (*Woonsocket*) 689 Wood Avenue, Woonsocket ..... Woonsocket 92-W
Devere, Frederick H., 677 Park Avenue, Cranston 10 ..... HO 1-0242
Dewees, David C., (*Washington*) 331 Main Street, Wakefield ..... Narragansett 3-5707
DeWolf, Halsey, 305 Brook Street, Providence 6 (I) ..... GA 1-5484
DiGiacomo, Peter J., 696 Providence Street, West Warwick ..... VA 1-2930
Dileone, Ralph, 223 Broadway, Providence 3 (ObG) ..... GA 1-3468
Dillon, John A., 154 Waterman Street, Providence 6 (I) ..... UN 1-2323
DiMaio, Michael, 415 Angell Street, Providence 6 (I) ..... JA 1-6682
Dimmitt, Frank W., 78 Waterman Street, Providence 6 (OALR) ..... GA 1-2886
DiPalma, Nicola, 156 Vinton Street, Providence ..... GA 1-3503
DiPippo, Palmino, 1536 Westminster Street, Providence 9 ..... TE 1-1567
Dolan, Thomas J., 60 South Angell Street, Providence 6 (Ind) ..... GA 1-5610
Donley, John E., 222 Broadway, Providence 3 (PN) ..... UN 1-1313
Donnelly, John J., 603 Broad Street, Providence 7 ..... PL 1-2310
Doroff, Annie S., (*Newport*) 19 Kay Street, Newport ..... Newport 8320
Dotterer, Charles S., Jr., (*Newport*) 11 Redwood Street, Newport (OALR) Newport 2950
193 Waterman Street, Providence 6 (Oph) DE 1-8433
Doucet, Charles S., (*Pawtucket*) 615 Broad Street, Central Falls ..... PA 5-7041
Dowling, Joseph L., 57 Jackson Street, Providence 3 (Oph) ..... GA 1-3552
Dowling, Richard H., (*Woonsocket*) 99 Main Street, Woonsocket (Ob) ..... Woonsocket 167-W
Drew, Robert W., (*Bristol*) 10 Broad Street, Warren ..... WA 1-1490
Duckworth, Milton, (*Washington*) Carolina ..... Carolina 17R2
Duffy, Frank P., 372 Pontiac Avenue, Cranston 10 ..... ST 1-6322
Dufresne, Walter J., (*Pawtucket*) 168 West Avenue, Pawtucket (Ob) ..... PA 3-3996
Dugas, Leo, (*Woonsocket*) School Street, Slatersville ..... Woonsocket 122
D'Ugo, William P., 282 Broadway, Providence 3 (I) ..... GA 1-0151
Dupre, Guyon, (*Woonsocket*) 34 Hamlet Avenue, Woonsocket (ObG) ..... Woonsocket 7782-W
Duquette, Leo H., (*Kent*) 1044 Main Street, West Warwick ..... VA 1-6122
Durkin, Patrick A., (*Pawtucket*) 459 Central Avenue, Pawtucket ..... PA 2-8263
Durkin, Walter R., 311 Angell Street, Providence 6 (ObG) ..... DE 1-2224
Dustin, Cecil C., R. F. D. 1, Box 151, Rochester, New Hampshire (I)
Dwyer, George J., 796 Atwells Avenue, Providence 9 ..... TE 1-2615
Dyckman, Jacob, Miriam Hospital, Providence (Path) ..... EL 1-1000
Dyer, Richard R., (*Kent*) 2 Post Road, Edgewood 5 ..... ST 1-4611
Dziob, John S., 148 Blackstone Blvd., Providence 6 (S) ..... DE 1-7360

E

Earley, Charles P., 388 Prairie Avenue, Providence 5 ..... HO 1-9285
Easton, Frederic W., 3d, 154 Waterman Street, Providence 6 (I) ..... DE 1-2611
Ebner, Herbert, 607 Pleasant Valley Parkway, Providence (Anes) ..... DE 1-7270
Eckel, Frederick C., (*Washington*) 41 Grove Avenue, Westerly (I) ..... Westerly 2297
Eckstein, Adolph W., 76 Waterman Street, Providence 6 (S) ..... GA 1-0767
Eddy, Augustine W., (*Woonsocket*) 42 Hamlet Avenue, Woonsocket (Or) Woonsocket 207-W
Eddy, Jesse P., 3rd, 131 Waterman Street, Providence 6 (S) ..... PL 1-4044
Egan, Thomas A., 156 Smith Street, Providence 8 (Anes) ..... DE 1-9414
Eliot, Alice M. B., 60 Adams Point Road, Barrington ..... WA 1-0857

Emidy, H. Lorenzo, (*Woonsocket*) 212 Grove Street, Woonsocket
Erinakes, Peter C. H., (*Kent*) 1425 Main Street, West Warwick VA 1-6613
Ethier, Wilfrid V., (*Woonsocket*) 1180 Social Street, Woonsocket Woonsocket 7820

F

Fagan, James H., 230 Thayer Street, Providence 6 (S) GA 1-7242
Fain, William, 444 Angell Street, Providence 6 (I) GA 1-7271
Falkinburg, LeRoy W., Roger Williams General Hospital, Providence (Path) GA 1-1625
Famiglietti, Edward V., 77 Brown Street, Providence 6 (S) UN 1-0023
Fanger, Herbert, R. I. Hospital, Providence (Path) DE 1-4300
Farago, Samuel S., (*Washington*) 101 West Broad Street, Westerly (S) Pawcatuck 2432
Farley, John E., Jr., 343 Willett Avenue, Riverside (Pd) EA 1-3473
Farrell, Charles L., (*Pawtucket*) 166 Pawtucket Avenue, Pawtucket PA 3-4141
Farrell, George B., (*Kent*) 1018 Main Street, West Warwick VA 1-4404
Farrell, Irving A., (*Pawtucket*) 410 Broad Street, Central Falls PA 5-3575
Feifer, Anthony M., 547 Broadway, Providence 9 UN 1-3915
Feinberg, Banice, 225 Waterman Street, Providence 6 (Pd) UN 1-2242
Felderman, Jacob, 164 Burnside Street, Providence (I) JA 1-5050
Femino, Richard D., 666 Douglas Avenue, Providence 8 UN 1-1433
Ferguson, Duncan H. C., Jr., (*Pawtucket*) 124 Waterman Street, Providence 6 (Anes) GA 1-1808
Ferguson, John B., 67 Lorraine Avenue, Providence (S) GA 1-9719
Ferrara, Bernard F., 211 Webster Avenue, Providence 9 EL 1-6008
Ferris, John A., (*Kent*) 1002 Main Avenue, Greenwood (ObG) RE 7-9363
Ferrucci, Domenic P., (*Woonsocket*) 80 Hamlet Avenue, Woonsocket 6 Woonsocket 826
Fershtman, Max B., 708 Park Avenue, Cranston 10 WI 1-4346
Fidanza, Antonio G., 240 Pocasset Avenue, Providence 9 EL 1-0421
Field, Eugene A., 266 Wayland Avenue, Providence 6 (R) GA 1-5016
Fischer, William J. H., Jr., 154 Waterman Street, Providence 6 (I) GA 1-2676
Fish, David J., 355 Thayer Street, Providence 6 (PN) JA 1-9012
Fish, Vera J. W., 355 Thayer Street, Providence 6 (PN) JA 1-9012
Fishbein, Jay N., 221 Angell Street, Providence 6 (ALR) GA 1-3452
*Fitzpatrick, Walter F., Jr., Veterans Administration Hospital, Palo Alto, California
Fletcher, Donald B., (*Newport*) Newport Hospital, Newport (R) Newport 410
Fletcher, Henry B., 154 Waterman Street, Providence 6 (Or) GA 1-4518
Flynn, Joseph C., 559 Cranston Street, Providence 7 EL 1-2221

continued on next page

Flynn, Thomas S., (*Woonsocket*) 11 Monument Square, Woonsocket ..... Woonsocket 908-W
Fogarty, Thomas F., 224 Thayer Street, Providence 6 (ObG) ..... GA 1-0217
Foley, William H., 810 Broad Street, Providence 3 (S) ..... WI 1-2727
Fontaine, Aurey, (*Woonsocket*) 52 Hamlet Avenue, Woonsocket ..... Woonsocket 246
Forget, Ulysse, (*Bristol*) 600 Main Street, Warren ..... WA 1-0070
Forgiel, Ferdinand S., 199 Angell Street, Providence 6 (U) ..... EL 1-1103
Forsythe, Thomas, Rhode Island Hospital, Providence (R) ..... DE 1-4300
Fortunato, Stephen J., 425 Plainfield Street, Providence 9 (Anes) ..... EL 1-0057
Foster, Albert, Lt., MC, (*Pawtucket*) Murphy Army Hospital, Waltham, Massachusetts
Foster, Edward, (*Pawtucket*) 569 Power Road, Pawtucket (I) ..... PA 3-0477
Fox, A. Henry, 521 Willett Avenue, Riverside (I) ..... EA 1-3372
Franek, Bruno, (*Kent*) 585 Main Street, East Greenwich ..... TU 4-9402
Franklin, Joseph, 217 Elmwood Avenue, Providence 7 (ObG) ..... GA 1-7348
Fratantuono, Frank D., 106 Vinton Street, Providence 9 (I) (C) ..... PL 1-4493
Fratantuono, Peter, 21 Garden City Drive, Cranston ..... ST 1-2122
Freedman, David, 224 Thayer Street, Providence 6 (S) ..... DE 1-0042
Freedman, Stanley S., 183 Waterman Street, Providence 6 (A) ..... DE 1-8447
Freeman, William, (*Newport*) Truesdale Hospital, Fall River, Mass. (Path) ..... Fall River 5-7446
Friedman, Lester M., (*Kent*) 677 Narragansett Parkway, Warwick 5 ..... HO 1-4511
Frumson, Solomon L., (*Woonsocket*) 1205 Elmwood Avenue, Buffalo, New York
Fuhrmann, Louis J., 933 Chalkstone Avenue, Providence 8 (ObG) ..... PL 1-4539
Fulton, Frank T., 124 Waterman Street, Providence 6 (I) (C) ..... GA 1-3111
Fulton, Marshall, 124 Waterman Street, Providence 6 (I) ..... GA 1-3111

G

Gailitis, Janis, (*Newport*) 16 Catherine Street, Newport (I) ..... Newport 8376
Gale, Elmer T., (*Washington*) 56 Central Street, Narragansett ..... Narragansett 3-2555
Gallagher, Henry J., 386 Smith Street, Providence 8 (I) ..... DE 1-5967
Gallo, Francesco, (*Kent*) 790 Providence Street, West Warwick ..... VA 1-2534
Gammell, Edwin B., 169 Angell Street, Providence 6 (ALR) ..... JA 1-1177
Gannon, Charles H., 23 Holburn Avenue, Cranston 10 ..... ST 1-4614
Garrison, Norman S., (*Washington*) Box 547, Westerly (R) ..... Watch Hill 52-3
Garside, Francis V., 154 Francis Street, Providence 3 (S) ..... DE 1-7572
Gaudet, Albert J., (*Pawtucket*) 592 Smithfield Avenue, Pawtucket ..... PA 2-4995
Gaudet, Eugene E., (*Pawtucket*) 61 North Bend Street, Pawtucket ..... PA 2-6510
Gauthier, Henri E., (*Woonsocket*) 34 Hamlet Avenue, Woonsocket (S) ..... Woonsocket 393
Geoghegan, John W., New England Deaconess Hospital, 16 Deaconess Road, Boston 15, Massachusetts
Geremia, Albert E., 172 Pocasset Avenue, Providence 9 (C) (I) ..... EL 1-9251
Gershman, Isadore, 343 Thayer Street, Providence 6 (Pd) ..... GA 1-1551
Giannini, Pio, 448 Broadway, Providence 9 ..... UN 1-3860
Gibson, J. Merrill, 227 Angell Street, Providence 6 (S) ..... UN 1-1243
Gilbert, John J., 209 Angell Street, Providence 6 (OALR) ..... GA 1-1584
*Giles, William P., 949 Commonwealth Ave., Newton Centre, Massachusetts (S) Bigelow 4-7485
Gillis, Nora P., 189 Governor Street, Providence 6 ..... GA 1-3215
Gilman, John F. W., 124 Waterman Street, Providence 6 (I) ..... GA 1-3111
Giorgio, Albert, (*Pawtucket*) 164 Broadway, Pawtucket ..... PA 5-4680
Giunta, Frank, 203 Thayer Street, Providence 6 (Pd) ..... DE 1-5666
Giura, Arcadie, (*Bristol*) 31 Washington Street, Warren ..... WA 1-0680
Glikman, Victor, 140 East 95th Street, New York 28, New York (P)
Gobeille, Alfred B., (*Newport*) Coronado Street, Jamestown ..... Jamestown 580
Goldowsky, Seebert J., 209 Angell Street, Providence 6 (S) ..... UN 1-1707
Goldstein, Sidney S., Barbers Pond, West Kingston (PN) ..... Narragansett 3-7597
Golini, Carlotta N., 371 Broadway, Providence 9 (ObG) ..... UN 1-6603
Gongaware, Hartford P., (*Washington*) 17 Granite Street, Westerly ..... Westerly 2246
Goodman, Charles C., Mental Hygiene Services, 40 Fountain Street, Providence (P) UN 1-6900
Gordon, Calvin M., 211 Angell Street, Providence 6 ..... GA 1-4555
Gordon, John H., (*Pawtucket*) 47 Cottage Street, Pawtucket (Or) ..... PA 3-4134
Gordon, Walter C., 118 Princeton Avenue, Providence 7 ..... JA 1-4040
Gorfine, Robert, 185 Angell Street, Providence 6 (S) ..... GA 1-1355
Grady, John P., 677 Broad Street, Providence (Pd) ..... DE 1-4034
Grainger, Henry B., (*Washington*) 101 West Broad Street, Westerly ..... Pawcatuck 2432
Greason, Thomas L., 677 Broad Street, Providence 7 (PN) ..... UN 1-3355
Greenstein, Jacob, 143 Prairie Avenue, Providence 5 (I) ..... GA 1-1969
Gregory, Kalei K., 255 Hope Street, Providence 6 (Pd) ..... DE 1-2459
Grimes, M. Osmond, (*Newport*) 57 Kay Street, Newport (OALR) ..... Newport 2824
Grzebien, Stanley T., 681 Smith Street, Providence 8 ..... DE 1-3334
Grzebien, Thomas W., 187 Academy Avenue, Providence 8 (G) ..... TE 1-1637

H

Hacking, Raymond F., 105 Waterman Street, Providence 6 (Oph) ..... GA 1-1613
Hackman, Edmund T., (*Kent*) 10 Post Road, Warwick 5 ..... WI 1-2883

Hagenow, LeRoy K., (*Kent*) 3103 Post Road, Apponaug ..... RE 7-1797
Hager, Herbert F., 203 Thayer Street, Providence 6 (I) ..... GA 1-0581
Hager, Russell, (*Kent*) 6 Post Road, Edgewood 5 (I) ..... ST 1-2040
Halliwell, Harry L., (*Woonsocket*) 166 Carrington Ave., Woonsocket (Pd) Woon. 7510-W
Haltenberger, Paul G., (*Kent*) 319 Main Street, East Greenwich ..... TU 4-5398
Ham, John C., 154 Waterman Street, Providence 6 (I) ..... GA 1-5111
Hamilton, James, 349 Hope Street, Providence 6 ..... GA 1-4646
Hamlin, Hannibal, 270 Benefit Street, Providence 6 (NS) ..... DE 1-5353
Hammond, Roland, 41 Boylston Avenue, Providence 6 (Or) ..... PL 1-5949
Hanley, Francis E., (*Pawtucket*) 209 Broadway, Pawtucket (S) ..... PA 5-8621
Hanley, Henry J., (*Pawtucket*) 67 Park Place, Pawtucket (S) ..... PA 5-7743
Hanna, Louis E., (*Pawtucket*) 164 Central Avenue, Pawtucket ..... PA 5-7392
Hanson, F. Charles, 162 Angell Street, Providence 6 (Oph) ..... GA 1-9234
Happ, Linley C., 170 Waterman Street, Providence 6 (OALR) ..... GA 1-6855
Hardiman, James F., 432 Public Street, Providence 7 ..... HO 1-6500
Hardy, Arthur E., (*Kent*) 2 Post Road, Edgewood (S) ..... HO 1-9212
*Harley, Benjamin F., 18 Church Street, Haverhill, Massachusetts (R)
Harrington, Peter F., 249 Hope Street, Providence 6 (I) ..... DE 1-2200
Harris, Herbert E., 219 Waterman Street, Providence 6 (Or) ..... GA 1-1721
Hathaway, Clifford S., (*Washington*) 38 Lake Street, Wakefield ..... Narragansett 3-3201
Haverly, Richard E., 563 Hope Street, Providence 6 ..... GA 1-9825
Hawkins, Joseph F., 197 Waterman Street, Providence 6 (OALR) ..... GA 1-2552
Hayes, Robert C., (*Pawtucket*) 166 Pawtucket Avenue, Pawtucket ..... PA 3-4141
Hayes, Walter E., 1103 Cranston Street, Cranston 9 ..... EL 1-4480
Healey, James P., (*Pawtucket*) 208 Broad Street, Pawtucket (I) ..... PA 2-7005
Hecker, Harry, (*Pawtucket*) 172 East Avenue, Pawtucket (I) ..... PA 2-9395
*Heffernan, Edward V., Lt. Comd., MC, U.S.N., Qtr. 17-B-7, Apt. "C," Camp Pendleton, Calif.
Hemond, Fernand J., (*Kent*) 14 St. Mary Street, West Warwick ..... VA 1-7189
Hennessey, Kieran W., (*Pawtucket*) 520 East Avenue, Pawtucket ..... PA 5-0948
Henry, Albert C., (*Washington*), 160 West Main Street, Wickford ..... Wickford 2-0409
Henry, Robert T., (*Pawtucket*) 18 Exchange Street, Pawtucket (Or) ..... PA 3-9366
Hill, Prescott T., 225 Broad Street, Providence 3 (Pul) ..... DE 1-0191
Hindle, Joseph A., 655 Broad Street, Providence 7 (I) ..... DE 1-6310
Hindle, William V., 655 Broad Street, Providence 7 (Or) ..... DE 1-6311
Hirsch, Erwin O., 211 Angell Street, Providence 6 (I) ..... GA 1-9071
Hoey, Waldo O., 295 Angell Street, Providence 6 (S) ..... PL 1-1300
Hogan, John F., 156 Broadway, Pawtucket (Pd) ..... PA 5-6955
Hogan, John P., State Sanatorium, Wallum Lake ..... Pascoag 22
Holdredge, Bertram L., 685 Broad Street, Providence 7 ..... JA 1-2554
Holdsworth, Hubert, (*Bristol*) 132 High Street, Bristol ..... BR 1-1323
Hollingworth, Arthur, Hope Road, North Scituate ..... Scituate 1-5528
Honan, Frank J., 116 Governor Street, Providence 6 ..... GA 1-9076
Horan, William A., 217 Hope Street, Providence 6 (Or) ..... GA 1-1251
Horvitz, Abraham, 111 Waterman Street, Providence 6 (S) ..... JA 1-9432
Horwitz, Manuel, 407 Brook Street, Providence 6 (R) ..... GA 1-5415
Houghton, Montafix W., Room 21, Elk's Home No. 14, 241 Washington Street, Providence
Houston, Craig S., 195 Angell Street, Providence 6 (ObG) ..... GA 1-6886
Houston, Gilbert, (*Kent*) 4639 Post Road, Warwick (Pd) ..... TU 4-4050
Houston, Paul C., (*Newport*) 10 Bull Street, Newport (S) ..... Newport 6772-W
Howrie, William C., Jr., 154 Waterman Street, Providence 6 (Anes) ..... GA 1-0026
Hudson, Royal C., (*Kent*) 1225 Main Street, West Warwick ..... VA 1-3570
Hughes, William N., 112 Waterman Street, Providence 6 (PN) ..... GA 1-1431
Hunt, Russell R., 8 Kensington Road, Cranston 5 (R) ..... HO 1-7208
Hyde, Robert W., State Hospital for Mental Diseases, Howard (P) ..... ST 1-4700
Hyer, Harrison F., 1 Grove Avenue, East Providence ..... EA 1-5490

I

Iavazzo, Anthony A., 227 Laurel Hill Avenue, Providence 9 ..... TE 1-2620
Indeglia, Pasquale V., 451 Broadway, Providence 9 ..... UN 1-6070
Israel, Cyril, (*Woonsocket*) 18 Monument Square, Woonsocket ..... Woonsocket 3891-R

J

Jackvony, Albert H., 339 Elmwood Avenue, Providence 7 (S) ..... HO 1-1141
Jacobs, Harry, (*Woonsocket*) 12 Main Street, Pascoag ..... Pascoag 590
Jacobson, Frank J., 78 Waterman Street, Providence 6 (Pd) ..... UN 1-6626
Jadosz, Frank C., 1300 Elmwood Ave., Cranston 7 ..... WI 1-1223
Jaworski, Rudolf A., (*Pawtucket*) 765 Broadway, Pawtucket (Pd) ..... PA 5-1201
Jerech, Henrietta K., (*Newport*) 248 Broadway, Newport ..... Newport 398
Jeremiah, Bert S., (*Pawtucket*) 614 East Avenue, Pawtucket (PL) ..... PA 3-3216
Johnson, David, (*Pawtucket*) Maplecrest Drive, Smithfield ..... CE 1-7083
Johnson, Melvyn, 299 Raleigh Avenue, Pawtucket (P) ..... PA 2-1515
Johnson, William J., (*Washington*) 26 North Road, Kingston (PN) ..... Narragansett 3-3858

continued on next page

Johnston, Joseph C., 371 Broad Street, Providence 7 (S) ..... GA 1-9885
Jones, Henry A., South County Trail, Slocum
Jones, John P., (*Washington*) 343 Main Street, Wakefield (S) ..... Narragansett 3-3138
Jones, Leland W., 155 Angell Street, Providence 6 (S) ..... UN 1-3400
Jones, Walter S., 165 Waterman Street, Providence 6 (ObG) ..... GA 1-8551
Jordan, Harmon P. B., 50 Maude Street, Providence 8 (HAd) ..... JA 1-1000
Jordan, William H., 568 Broad Street, Providence 7 (Pd) ..... DE 1-0900
Joyce, Henry S., 201 Waterman Avenue, East Providence 14 ..... EA 1-4123

K

Kaan, Sze K., (*Kent*) 1758 Elmwood Avenue, Norwood ..... ST 1-2824
Kalcounos, William N., (*Pawtucket*) 101 Broadway, Pawtucket ..... PA 5-5919
Kapnick, Israel, 224 Thayer Street, Providence 6 (S) ..... GA 1-3143
Kaskiw, Emil A., (*Woonsocket*) 200 Harris Avenue, Woonsocket (Anes) ..... Woonsocket 6005
Kaspari, Vitalijs, 784 Park Avenue, Cranston ..... HO 1-5150
Kay, Maurice N., 183 Waterman Street, Providence 6 (Pd) ..... GA 1-2230
Kechijian, Harry M., 84 Broad Street, Pawtucket (S) ..... PA 2-0493
Kechijian, Natalie, (*Pawtucket*) 84 Broad Street, Pawtucket (Anes) ..... PA 5-7420
Keegan, George A., (*Woonsocket*) 34 Hamlet Avenue, Woonsocket (S) ..... Woonsocket 3400-W
Kelly, Earl F., (*Pawtucket*) 582 Main Street, Pawtucket (Pd) ..... PA 2-0220
Kent, Joseph C., (*Kent*) 10 Post Road, Edgewood 5 ..... WI 1-1820
Kenyon, Frances A., (*Washington*) Woodville Road, Hope Valley, R.F.D. ..... Carolina 4-7274
Kenyon, Harold D., (*Washington*) Box 226, Misquamicut Hills, Westerly (Anes) Watch Hill 7137
Keohane, John T., 596 Broad Street, Providence 3 ..... UN 1-1221
Kern, Arthur B., 247 Waterman Street, Providence 6 (D) ..... JA 1-7300
Kiene, Hugh E., 113 Waterman Street, Providence 6 (PN) ..... PL 1-5759
King, Alfred E., (*Woonsocket*) 175 Harris Avenue, Woonsocket (S) (G) ..... Woonsocket 662
King, Arthur W., (*Newport*) Harbor Road, Adamsville ..... Little Compton 452
King, Francis J., (*Woonsocket*) 175 Harris Avenue, Woonsocket (S) ..... Woonsocket 662
Kingman, Lucius C., 76 Waterman Street, Providence 6 (S) ..... DE 1-6138
Kirk, George E., 1337 Smith Street, Providence 8 ..... EL 1-3122
Kiven, Nathan J., 113 Waterman Street, Providence 6 (I) ..... PL 1-5759
Klutz, William S., 293 Governor Street, Providence 6 (U) ..... GA 1-8850
Klymenko, Valentin, (*Washington*) 45 Grove Avenue, Westerly ..... Westerly 2777
Koch, Peter, Jr., (*Kent*) 1451 Main Street, West Warwick ..... VA 1-7313
Koropej, Jaroslaw (*Pawtucket*) 290 High Street, Pawtucket ..... PA 5-7270
Kostyla, Edward A., (*Kent*) 15 Washington Street, West Warwick ..... VA 1-2373
Kraemer, Richard J., (*Washington*) 2907 Post Road, Greenwood ..... RE 7-0363
Kramer, Louis I., 126 Waterman Street, Providence 6 (I) ..... GA 1-3235
Krolicki, Thaddeus A., 102 Waterman Street, Providence 6 (Pr) ..... JA 1-9090

L

Ladd, Joseph H., (*Washington*) Exeter School, Lafayette (HAd) ..... Wickford 4
LaFia, David J., 187 Waterman Street, Providence 6 (NS) ..... DE 1-3303
Lagerquist, A. Lloyd, 73 Willett Avenue, Riverside 15 ..... EA 1-3890
Lalor, Thomas J., Jr., (*Woonsocket*) 285 Main Street, Woonsocket (S) ..... Woonsocket 78-W
Lamb, Francis D., (*Kent*) 359 Broad Street, Providence 7 (I) ..... UN 1-5952
Lambiase, Joseph, 227 Angell Street, Providence (R) ..... DE 1-1110
Lamoureux, J. Gerald, (*Woonsocket*) 38 Hamlet Avenue, Woonsocket ..... Woonsocket 4244-W
Landsteiner, Ernest K., 154 Waterman Street, Providence 6 (U) ..... JA 1-2223
Lang, H. Bickford, (*Bristol*) 27 Alfred Drowne Road, West Barrington (Pd) ..... WA 1-2592
Langdon, John, 43 Irving Avenue, Providence 6 (Pd) ..... PL 1-7423
Lappin, Philip J., (*Pawtucket*) 300 Broad Street, Central Falls ..... PA 2-5230
Larkin, Donald F., 206 Waterman Street, Providence (Or) ..... JA 1-0121
Laskey, Howard, (*Washington*) Carolina ..... Carolina 4-7771
Laufer, Maurice W., Emma Pendleton Bradley Home, Riverside 15 (PN) ..... EA 1-6371
Laurelli, Edmond C., (*Pawtucket*) 156 Broadway, Pawtucket (S) ..... PA 3-5451
Lawson, Herman A., 12 Everett Avenue, Providence 6 (I) ..... PL 1-0784
LeBlanc, Alban J., (*Woonsocket*) 22 Carrington Avenue, Woonsocket ..... Woonsocket 7553
*Leech, Clifton B., 724 Isle of Palms, Fort Lauderdale, Florida (C) .....
Leet, William L., 84 Brown Street, Providence 6 (I) ..... UN 1-1158
Lent, James W., (*Newport*) 1698 Main Road, Tiverton ..... Tiverton 24
Lenzner, Simon G., 187 Waterman Street, Providence 6 (S) ..... DE 1-8710
Levine, Harry (*Woonsocket*) 162 Main Street, Woonsocket ..... Woonsocket 3612-W
Lewis, Luther R., (*Bristol*) 3673 Pawtucket Avenue, Riverside 15 ..... EA 1-4244
Lewis, Robert V., 441 Angell Street, Providence 6 (I) ..... DE 1-8060
Libby, Harold, 223 Thayer Street, Providence 6 (ObG) ..... GA 1-0868
Lippitt, Louis D., 41 Pocasset Avenue, Providence 9 ..... TE 1-2218
Lisbon, Wallace, 928 Smith Street, Providence 8 ..... TE 1-2953
Litchman, David, 225 Waterman Street, Providence 6 (I) ..... UN 1-1563
Littleton, Thomas R., 193 Waterman Street, Providence 6 (ALR) ..... GA 1-2650

continued on page 576

WHAT'S IN THE CONTRACT ?

Undoubtedly a great many of the subscribers to *Physicians Service* never take time to read their contract, or even the accompanying literature — just as few people read their fire or life insurance policies.

Physicians Service and *Blue Cross* have popular reputations as "inclusive" service programs. Therefore the assumption among many subscribers may be that whatever happens to them will be covered by their contract.

As a PARTICIPATING PHYSICIAN you should be thoroughly familiar with the *Physicians Service* contract. If you need a new copy for your reference file communicate immediately with the Executive office.

YOUR patients depend on you to tell them everything they need to know when they are sick or injured. Your patient may use his Physicians Service contract once in several years — he knows you work under it throughout the year, and therefore he expects you to know all the provisions of his coverage in your Society sponsored prepayment surgical-medical program.

Do You Know the Provisions of the Physicians Service Contract?

For additional help in your Physicians Service problems call either the Executive Office of the Society, at 106 Francis Street, or the Administrative Office of Physicians Service at 31 Canal Street.

RHODE ISLAND MEDICAL SOCIETY
PHYSICIANS SERVICE

Logler, Frank J., (*Newport*) 42 Kay Street, Newport (S) ..... Newport 2498
Londergan, James P., 81 Governor Street, Providence 6 ..... GA 1-4255
Lord, Robert M., 122 Waterman Street, Providence 6 (Pd) ..... GA 1-2163
Lord, Robert M., Jr., Boston Floating Hospital, 20 Ash Street, Boston 11, Massachusetts (Pd)
Loux, Norman L., 305 Blackstone Boulevard, Providence 6 (P) ..... JA 1-3400
Lovering, Edwin F., (*Pawtucket*) 209 Broadway, Pawtucket (I) ..... PA 3-5363
Luongo, Fedele U., 508 Charles Street, Providence 4 ..... DE 1-2867
Lupoli, Alphonse W., (*Kent*) 3291 Post Road, Apponaug (I) ..... RE 7-4200
Lury, John J., 1424 Broad Street, Providence 5 ..... HO 1-3300
Lynch, John P., (*Pawtucket*) 210 Central Avenue, Pawtucket ..... PA 2-9529

M

MacAndrew, Vincent I., 133 Waterman Street, Providence 6 (U) ..... GA 1-9585
MacCardell, Frank C., 193 Waterman Street, Providence 6 (ALR) ..... DE 1-8433
MacDonald, William J., 221 Thayer Street, Providence 6 (ObG) ..... GA 1-1710
Mack, John A., (*Kent*) 1575 Main Street, West Warwick ..... VA 1-4509
MacLeod, Norman M., (*Newport*) 114 Touro Street, Newport ..... Newport 282
Magill, William H., 116 Waterman Street, Providence 6 ..... GA 1-3539
Maher, William F., 949 Chalkstone Avenue, Providence 8 ..... PL 1-1222
Mahoney, George F., State Sanatorium, Wallum Lake (Pul) ..... Pascoag 22
Maiello, Robert, 366 Broadway, Providence 3 ..... GA 1-3377
Malinou, Nathaniel J., 334 Smith Street, Providence 8 ..... DE 1-2123
Malone, John M., (*Newport*) 101 Water Street, Portsmouth ..... Portsmouth 47
Mandell, Israel, 50 Oakland Avenue, Providence 8 ..... GA 1-2450
Manganaro, Attilio L., (*Washington*) 745 Kingstown Rd., Peace Dale (Anes) Narragansett 3-3094
Manning, Patrick J., (*Washington*) 1 King Philip Drive, North Kingstown ..... TU 4-9580
Mara, Earl J., (*Pawtucket*) 260 Lonsdale Avenue, Pawtucket (I) ..... PA 2-2301
Margossian, Arshag D., 315 Broad Street, Providence 7 ..... GA 1-0516
Marks, Herman B., 225 Waterman Street, Providence 6 (Pd) ..... UN 1-1020
Marks, Joseph, (*Pawtucket*) 1111 Smithfield Avenue, Saylesville ..... PA 2-9330
Marks, Morris, (*Pawtucket*) 838 Newport Avenue, Pawtucket ..... PA 5-6783
Marshall, J. Brewer, (*Pawtucket*) 12 Mulberry Street, Pawtucket ..... PA 2-4460
Martin, Arthur E., 101 Waterman Street, Providence 6 (Or) ..... GA 1-9271
Martin, Richard J., Lt., MC, USNR, School of Aviation Medicine, Pensacola, Florida
Martin, Robert E., 169 Waterman Street, Providence 6 (ObG) ..... TE 1-2916
Martineau, Lawrence A., Rhode Island Hospital, Providence 2 (R) ..... DE 1-4300
Marzilli, Alexander F., 7 Dexter Street, Providence 9 ..... EL 1-3366
Masse, Omer H., (*Pawtucket*) 19 Crossman Street, Central Falls ..... PA 5-2880
Mathews, Frank H., 382 Brook Street, Providence 6 (Anes) ..... GA 1-1815
Mathewson, Earl J., (*Pawtucket*) 20 Park Place, Pawtucket (S) ..... PA 5-2688
Mathieu, Betty B., 255 Waterman Street, Providence 6 (Pd) ..... JA 1-3231
Mathieu, Peter L., Jr., 1st Lt., MC, 130 1st USAH, Fort Monmouth, New Jersey (Pd)
Mathieu, Thomas J., 295 Angell Street, Providence 6 (U) ..... GA 1-6386
Matteo, Frank I., 463 Broadway, Providence 9 (ObG) ..... UN 1-3111
Mattera, Vincent J., 425 Broadway, Providence 9 (Anes) ..... UN 1-2526
Mauran, William L., Jr., 341 Brook Street, Providence (Pd) ..... DE 1-6507
Maynard, Irene G., (*Kent*) 40 Curson Street, West Warwick ..... VA 1-8154
Maynard, Jean M., (*Kent*) 40 Curson Street, West Warwick ..... VA 1-8154
McAllister, Philip C., (*Newport*) 2 School Street, Newport ..... Newport 588-W
McAteer, Raymond F., (*Washington*) 1880 Broad Street, Cranston 5 (PH) ..... WI 1-6565
McCabe, Francis J., 204 Angell Street, Providence 6 (OALR) ..... PL 1-3675
McCaffrey, James P., 116 Waterman Street, Providence 6 (ObG) ..... GA 1-6533
McCann, Donald S., 7 North Main Street, Attleboro, Massachusetts (Oph) ..... Attleboro 1-2743
McCann, James A., 207 Waterman Street, Providence 6 (S) ..... GA 1-1862
McCarthy, James M., (*Woonsocket*) 426 Blackstone Street, Woonsocket ..... Woonsocket 44-W
McCaughey, Edward H., (*Pawtucket*) 118 Prospect Street, Pawtucket ..... PA 5-7213
McClellan, George B., (*Pawtucket*) 435 Central Avenue, Pawtucket ..... PA 5-2289
McCooey, James H., (*Woonsocket*) 99 Main Street, Woonsocket ..... Woonsocket 1747
McCusker, Henry F., Rhode Island Hospital, Providence (Or) ..... DE 1-4300
McDonald, Charles A., 106 Waterman Street, Providence 6 (PN) ..... GA 1-1711
McDonnell, William A., 89 Ravenswood Avenue, Providence (Anes) ..... TE 1-0425
McDuff, Henry C., Jr., 155 Thayer Street, Providence (ObG) ..... JA 1-3762
McEvoy, Frank E., 295 Angell Street, Providence 6 (S) ..... GA 1-0578
McGovern, Llewellyn J., 162 Indiana Avenue, Providence ..... HO 1-2125
McGrath, James A., (*Washington*) 155 Main Street, Wakefield (S) ..... Narragansett 3-3773
McIntyre, William A., 1588 Smith Street, North Providence 11 ..... EL 3-2433
McKendall, H. Raymond, Capt., Army Hospital, Camp Kilmer, New Jersey
McKendry, James R., 568 Hope Street, Providence 6 (Or) ..... GA 1-3272
McKenna, Joseph B., (*Woonsocket*) 162 Main Street, Woonsocket ..... Woonsocket 214-W
McLaughlin, Edward A., 155 Academy Avenue, Providence (PH) (Prev. Med.) ..... DE 1-7470
McNelis, Francis L., 311 Angell Street, Providence (ALR) ..... GA 1-6195

McOsker, Thomas C., 305 Hope Street, Providence (NS) (S) ..... GA 1-7373
McWilliams, Joseph G., 154 Angell Street, Providence 6 (I) (C) ..... GA 1-4487
Medoff, Edward B., (*Woonsocket*) Room 204, 162 Main Street, Woonsocket Woonsocket 804-W
Meisler, Walter N., 300 Pontiac Avenue, Cranston ..... WI 1-7970
Meissner, George F., Rhode Island Hospital, Providence (Path) ..... DE 1-4300
Mellone, John A., (*Bristol*) 15 Bay Spring Avenue, West Barrington ..... WA 1-0682
Melucci, Alfred F., (*Pawtucket*) 113 West Avenue, Pawtucket ..... PA 2-0269
Melvin, Edward G., 369 Broad Street, Providence 7 ..... DE 1-1018
Menzies, Gordon E., 154 West Main Street, Wickford ..... Wickford 2-0230
Menzies, John E., 461 Elmwood Avenue, Providence ..... WI 1-2112
Merchant, Marcius H., (*Bristol*) 390 Main Street, Warren ..... WA 1-0077
Merlino, Frank, 82 Waterman Street, Providence 6 (I) ..... GA 1-5171
Merlino, Frank A., 377 Hope Street, Providence 6 (Pul) ..... GA 1-6745
Merrill, Whitman, (*Kent*) 99 Main Street, Coventry ..... VA 1-9404
Messinger, Margaret, 3029 Benvenue Avenue, Berkeley, California (Anes) ..... Thornewall 3-2576
Metcalf, Cecil J., 207 Maple Heights, Bath, New York (Anes) .....
Metcalf, Paul B., Jr., 223 Thayer Street, Providence 6 (S) ..... DE 1-6085
Migliaccio, Anthony V., 196 Broadway, Providence 3 (S) ..... GA 1-4341
Millard, Charles E., (*Bristol*) 673 Main Street, Warren ..... WA 1-0220
Miller, Albert H., 28 Everett Avenue, Providence 6 (Anes) ..... DE 1-5058
Miller, Henry, 194 Waterman Street, Providence 6 (I) (C) ..... UN 1-0832
Miller, Himon, 105 Waterman Street, Providence 6 (PN) ..... GA 1-2541
Mills, Parker, 266 Smith Street, Providence 8 ..... GA 1-1388
Miner, Harold C., 1447 Broad Street, Providence 5 ..... HO 1-2141
Missirlian, Mihran, 188 Broad Street, Providence 3 ..... GA 1-5842
Mochnacky, John, 574 Broad Street, Providence 7 ..... GA 1-4871
Molony, Walter J., 715 Broad Street, Providence 7 (Or) ..... WI 1-1423
Monahan, John T., 160 Academy Avenue, Providence 8 ..... EL 1-0213
Mongillo, Barrito B., 275 Wayland Avenue, Providence 6 (PN) ..... DE 1-5956
Monti, Emilio J., 214 Broadway, Providence 3 ..... GA 1-4239
Monti, Victor H., (*Woonsocket*) 50 Carrington Avenue, Woonsocket (S) ..... Woonsocket 4092
Moor, Henry B., 147 Angell Street, Providence 6 (S) ..... GA 1-3007
Moore, James S., 30 John Street, East Providence 14 ..... EA 1-2074
Moran, James B., 66 Fruit Hill Avenue, Providence 9 ..... EL 1-4661

continued on next page

Morein, Samuel, 345 Angell Street, Providence 6 (GE) (Pr) ..... GA 1-0970
Mori, Laurence A., 55 Pocasset Avenue, Providence 9 (I) ..... TE 1-0500
Morris, Martin J., (*Pawtucket*) 238 High Street, Valley Falls ..... PA 5-5185
Morrison, Philip J., (*Woonsocket*) 36 Hamlet Avenue, Woonsocket (S) ..... Woonsocket 6410-W
Morrone, Louis A., (*Washington*) 21 Grove Avenue, Westerly ..... Westerly 2234
Motta, Adolph J., Jr., 1068 Chalkstone Avenue, Providence (S) ..... EL 1-1818
Motta, Gustavo A., 164 Academy Avenue, Providence 8 ..... EL 1-5554
Muller, Gertrude L., 193 University Avenue, Providence 6 (P) ..... DE 1-5398
Mulvey, William A., Ten Rod Road, Lafayette (Pd) ..... Wickford 2-0583-W
Muncy, William M., 162 Angell Street, Providence 6 (OALR) ..... GA 1-4385
Murphy, Robert G., 184 Angell Street, Providence 6 (I) ..... DE 1-3424
Murphy, Thomas H., 169 Waterman Street, Providence 6 ..... UN 1-2551
Myrick, John C., 572 Broad Street, Providence 7 (S) ..... EL 1-1221

N

Nathans, Samuel (*Washington*) Watch Hill Road, Westerly (Anes) ..... Westerly 2279
Nerone, William S., 21 Bullocks Point Avenue, East Providence 15 ..... EA 1-4462
Nestor, Thomas A., (*Washington*) 123 Main Street, Wakefield (S) ..... Narragansett 3-4762
Nevitt, Francis W., 575 Pontiac Avenue, Cranston 10 ..... HO 1-3500
*Nichols, Ira C., U.S. Naval Hospital, A1EA, Navy #10, c/o F.P.O., San Francisco, California (PN)
Nodarse, Raul, 912 Manton Avenue, Providence 9 ..... EL 1-8684
Normandin, Louis A., 240 Taunton Avenue, East Providence 14 ..... EA 1-1100
Nourie, Joseph P., 1339 Smith Street, North Providence ..... EL 3-2715
Noyes, Ira H., 199 Benefit Street, Providence 3 (G) ..... DE 1-7585

O

O'Brien, James P., (*Woonsocket*) 85 Woodland Road, Woonsocket (PH) ..... Woonsocket 3301
O'Brien, John H., 95 Taunton Avenue, East Providence 14 (S) ..... EA 1-0092
O'Brien, Martin, (*Washington*) 13 Champlin Street, Wickford ..... Wickford 2-0995
O'Brien, William B., State Sanatorium, Wallum Lake (Pul) ..... Pascoag 22
O'Connell, Joseph C., 215 Thayer Street, Providence 6 (S) ..... GA 1-9046
O'Connell, Thomas L., 359 Broad Street, Providence 7 (OALR) ..... GA 1-3321
O'Connell, William J., 198 Angell Street, Providence 6 (I) ..... GA 1-1423
O'Connor, John V., (*Woonsocket*) 247 Gaskill Street, Woonsocket ..... Woonsocket 3098
O'Connor, Michael J., 105 Waterman Street, Providence 6 (ALR) ..... GA 1-0935
O'Dea, Arthur E., 247 State Office Building, Providence 2 (Path) ..... JA 1-7100
Oddo, Vincent J., 322 Broadway, Providence 9 (U) ..... GA 1-1461
O'Hanian, Donald K., (*Kent*) 1087 Warwick Avenue, Warwick (I) ..... ST 1-4220
O'Reilly, Edwin B., 737 Smith Street, Providence 8 ..... DE 1-1132
Orlando, Lorenzo, (*Newport*) 1235 Cranston Street, Cranston 9 ..... JA 1-1125
Ortega, Gimel, Capt., MC, 2215 South X Street, Fort Smith, Arkansas (Pd)

P

Pahigian, Vahey M., 323 Angell Street, Providence 6 (S) ..... JA 1-9870
Palumbo, Joseph A., 147 Pocasset Avenue, Providence 9 ..... EL 1-1916
Paparo, Gary P., (*Pawtucket*) Memorial Hospital, Pawtucket (Path) ..... PA 2-6000
Pardee, Katherine, State Sanatorium, Wallum Lake (Pul) ..... Pascoag 22
Parkinson, James M., 497 Hope Street, Providence 6 ..... PL 1-3017
Parrillo, Joseph M., 376 Broadway, Providence 9 ..... UN 1-6556
Partridge, Herbert G., 190 Angell Street, Providence 6 (Ob) ..... GA 1-5544
Pearson, Rudolph W., 300 Thayer Street, Providence 6 (ALR) ..... UN 1-2224
Pedorella, Americo J., 242 Broadway, Providence 3 (Anes) ..... GA 1-8218
Pelletier, Emery, 120 Peace Street, Providence 7 ..... PL 1-4223
Penington, Robert, Jr., Cmdr., MC, USN, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
Perry, Thomas, Jr., 154 Waterman Street, Providence 6 (S) ..... DE 1-1717
Pesare, P. Joseph, 1250 Smith Street, Providence (Prev. Med) ..... EL 1-3721
Petrucci, Ralph J., (*Bristol*) 88 Child Street, Warren ..... WA 1-1121-W
Phillips, Charles L., (*Kent*) 294 Main Street, East Greenwich ..... TU 4-2332
*Pianka, Wallace J., Barnes Hospital, Vancouver, Washington
Pickles, Wilfred, 184 Waterman Street, Providence 6 (S) (NS) ..... GA 1-1228
Pierik, Michael G., 250 Elmwood Avenue, Providence (I) ..... HO 1-3727
Pinault, William N., (*Pawtucket*) 831 Newport Avenue, Pawtucket ..... PA 2-8474
Pitts, Herman C., 68 Brown Street, Providence 6 (S) ..... GA 1-4121
Platt, Marden G., (*Pawtucket*) 319 Willett Avenue, Riverside 15 ..... EA 1-3836
Porter, Arnold, 454 Angell Street, Providence 6 (S) ..... PL 1-2440
Porter, Emery M., 454 Angell Street, Providence 6 (S) ..... PL 1-2440
Porter, Lewis B., 199 Thayer Street, Providence 6 (OALR) ..... GA 1-3970
Portnoy, Bradford M. S., 672 Broad Street, Providence 7 ..... GA 1-4235
Potter, Alfred L., 171 Angell Street, Providence 6 (ObG) ..... DE 1-3241
Potter, Charles, 225 Waterman Street, Providence 6 (ObG) ..... JA 1-4323
Potter, Edgar S., (*Woonsocket*) Box 186, Chepachet ..... Pascoag 124

continued on page 580

Potter, Henry B., (*Washington*) 199 Main Street, Wakefield ..... Narragansett 3-2432
Potter, Merle M., 224 Thayer Street, Providence 6 ..... GA 1-9184
Potter, Walter H., 68 Jackson Street, Providence 3 ..... GA 1-4476
Pournaras, Nicholas A., 499 Elmwood Avenue, Providence 7 ..... WI 1-3022
Pozzi, Gustave L., 209 Waterman Avenue, East Providence 14 ..... EA 1-0330
Prior, James H., 1738 Broad Street, Cranston 5 (I) ..... HO 1-1414
Pritzker, Samuel, 26 Alfred Stone Road, Providence 6 (Anes) ..... GA 1-1221

Q

Quesnel, Ernest, 512 Park Avenue, Cranston (PN) ..... ST 1-2562

R

Raab, Kurt, (*Newport*) Block Island ..... Block Island 22
Racioppi, Frank A., (*Kent*) 525 Providence Street, Natick ..... VA 1-2521
Rakatansky, Nathan S., 34 Old Tannery Road, Providence (Anes) ..... PL 1-7821
Ramos, Jose M., (*Newport*) 28 Kay Street, Newport ..... Newport 85
Raphael, Sumner, 174 Waterman Street, Providence 6 (ObG) ..... DE 1-3585
Rapoport, Bernard, 225 Waterman Street, Providence 6 (I) ..... DE 1-1934
Rattenni, Arthur, 1011 Smith Street, Providence 8 ..... EL 1-1011
Reeves, James A., 1404 Broad Street, Providence 5 ..... HO 1-2224
Regan, John F., State Hospital for Mental Diseases, Howard (P) (HAd) ..... ST 1-4700
Rego, Rodrigo P. C., 103 Governor Street, Providence 6 ..... DE 1-7753
Reich, Jacob, 430 Prairie Avenue, Providence 5 ..... WI 1-3661
Reid, William A., 300 Thayer Street, Providence 6 (ObG) ..... GA 1-3300
Reilly, Joseph W., (*Woonsocket*) 113 Main Street, Woonsocket (I) ..... Woonsocket 242-R
Ricci, Edward A., 4 Thomas Street, North Providence 11 ..... CE 1-4795
Rice, Richard, 124 Waterman Street, Providence 6 (OALR) ..... GA 1-4422
Rice, William O., State Infirmary, Howard (HAd) ..... ST 1-3800
Richardson, Ralph D., 154 Waterman Street, Providence 6 (S) ..... UN 1-9056
Riemer, Robert W., 183 Angell Street, Providence 6 (S) ..... DE 1-8280
Riley, Clarence J., 507 Manton Avenue, Providence 9 ..... TE 1-2300
Ripley, Frederic W., Jr., 167 Angell Street, Providence 6 (ObG) ..... DE 1-3117
Rittner, Mark, 171 Reservoir Avenue, Providence 7 (OALR) ..... WI 1-5577
Roberts, Wesley F., Memorial Hospital, Pawtucket (Path) ..... PA 2-6000
Roberts, William H., 448 Hope Street, Providence 6 ..... DE 1-1535
Robinson, Mildred I., (*Washington*) 21 Grove Avenue, Westerly ..... Westerly 2234
Robinson, Nathaniel D., 112 Waterman Street, Providence 6 (Oph) ..... TE 1-1214
Robinson, Robert C., 133 Waterman Street, Providence 6 (Or) ..... GA 1-1892
Rocco, Albert F., 485 Broadway, Providence (R) ..... GA 1-8760
Rohr, Mary-Elaine J., (*Pawtucket*) 358 Pawtucket Avenue, Pawtucket ..... PA 2-2425
Romano, Anthony, 462 Broadway, Providence 9 ..... UN 1-3577
Ronchese, Francesco, 170 Waterman Street, Providence 6 (D) ..... GA 1-3004
Ronne, George E., (*Pawtucket*) 49 Fountain Street, Pawtucket ..... PA 3-0054
Roque, John A., 952 Park Avenue, Cranston 10 (I) ..... WI 1-1131
Rosin, Robert, 105 Waterman Street, Providence 6 (R) ..... JA 1-1441
Ross, Florence M., 117 W. Main Street, Georgetown, Massachusetts ..... Georgetown 2041
Box 23, Prudence Island ..... Prudence Island 1-3440
Ross, Milton G., 210 Angell Street, Providence 6 (Oph) ..... DE 1-2433
Rossi, Matthew W., 784 Park Avenue, Cranston 10 ..... WI 1-8688
Rossignoli, Vincent P., 201 Broadway, Providence 3 ..... DE 1-2358
Roswell, Joseph T., (*Woonsocket*) 50 Providence Street, Woonsocket (Anes) Woonsocket 74
Rotelli, Anthony J., 420 Angell Street, Providence 6 ..... JA 1-3212
Round, Charles B., 2171 Warwick Avenue, Warwick (S) ..... RE 7-0877

Rounds, Albert W., 511 Westminster Street, Providence 3 ..... GA 1-2927
Rozzero, Paul J., 175 Webster Avenue, Providence 9 (Ind) ..... EL 1-3609
Ruggles, Arthur H., Butler Hospital, Providence 6 (P) ..... JA 1-3400
Ruggles, David W., (*Pawtucket*) 1189 Smithfield Avenue, Saylesville ..... PA 2-2420
Ruhmann, Edward F., 1711 Broad Street, Cranston 5 ..... HO 1-5523
Ruisi, Joseph L. C., (*Washington*) 21 Elm Street, Westerly ..... Westerly 4281
Russell, Amy E., 46 Baldwin Street, East Providence ..... EA 1-7560-W
Ryan, Vincent J., 198 Angell Street, Providence 6 (D) ..... GA 1-4313

S

Sage, Louis A., 122 Waterman Street, Providence 6 (Or) ..... GA 1-8435
St. Angelo, Joseph A., 1891 Smith Street, North Providence 11 ..... CE 1-5100
Saklad, Elihu, 154 Waterman Street, Providence 6 (Anes) ..... GA 1-0026
Saklad, Meyer, 154 Waterman Street, Providence 6 (Anes) ..... GA 1-0026
Saklad, Sarah M., 153 Morris Avenue, Providence 6 (P) ..... GA 1-0477
Saltzman, Abraham, Capt., MC, USAR, Valley Forge Army Hospital, Phoenixville, Pennsylvania
Sammartino, Agostino, 257 Academy Avenue, Providence 8 ..... UN 1-7274
Sanborn, Harvey B., 34 Drowne Parkway, East Providence (PN) ..... EA 1-2205
Sannella, Lee G., 124 Waterman Street, Providence 6 (Oph) ..... GA 1-9433
Sarafian, John C., 730 Broad Street, Providence 7 ..... HO 1-4122
Sargent, Francis B., 124 Waterman Street, Providence 6 (ALR) ..... GA 1-4422
Savastano, Americo A., 205 Waterman Street, Providence 6 (Or) ..... GA 1-4538
Savran, Jack, 295 Angell Street, Providence 6 (S) ..... PL 1-2112
Sawyer, Carl D., 184 Waterman Street, Providence 6 (D) ..... GA 1-1582
Sawyer, Carl S., 184 Waterman Street, Providence 6 (D) ..... DE 1-3355
Sayer, Edmund A., 148 Waterman Street, Providence 6 (U) ..... PL 1-0148
Scanlan, James J., 162 Academy Avenue, Providence 8 ..... EL 1-1441
Scanlon, Thomas F., 366 Atwells Avenue, Providence 3 (S) ..... GA 1-0847
Schiff, Bencel L., (*Pawtucket*) 251 Broadway, Pawtucket (D) ..... PA 5-3175
*Schradieck, Constant E., 26 Woodchester Road, Wellesley Hills 82, Massachusetts (Path)
Schwab, William J., 616 Hope Street, Providence 6 ..... DE 1-1279
Scotti, Ciro O., (*Kent*) 770 Providence Street, West Warwick ..... VA 1-5606
Seabra, Joseph E., (*Bristol*) 700 Hope Street, Bristol ..... BR 1-1639
Segall, Werner, 266 Wayland Avenue, Providence 6 (I) ..... JA 1-1801
Sellman, Priscilla, 154 Waterman Street, Providence 6 (Anes) ..... GA 1-0026
Seltzer, Edward I., 300 Pontiac Avenue, Cranston (S) ..... WI 1-0094
Senseman, Laurence A., (*Pawtucket*) 1189 Smithfield Avenue, Saylesville (PN) ..... PA 5-4484
Serbst, Charles A., (*Newport*) 5 Bull Street, Newport (I) ..... Newport 5243
Sexton, Richard P., 289 Angell Street, Providence (PL) ..... DE 1-3161
Sharp, Benjamin S., 339 Thayer Street, Providence 6 (OALR) ..... DE 1-0929
Sharp, Ezra A., 339 Thayer Street, Providence 6 (I) ..... GA 1-1751
Shattuck, George L., 150 George Street, Providence 6 (PN) ..... GA 1-7590
Shaw, Eliot A., c/o North Scituate P. O., Foster (S)
Sheehan, John J., 551 Hope Street, Providence 6 ..... PL 1-1214
Sheehan, Linus A., 210 Angell Street, Providence 6 (Oph) ..... JA 1-9400
Sheridan, James J., 1248 Broad Street, Providence 5 ..... ST 1-6286
Sheridan, James J., (*Pawtucket*) 696 High Street, Pawtucket ..... PA 5-0521
Sheridan, Philip H., (*Woonsocket*) 99 Main Street, Woonsocket (OALR) Woonsocket 6910-W
Sheridan, Thomas P., 92 Prospect Street, Pawtucket ..... PA 3-2783
Sherman, Bernard I., 1045 Broad Street, Providence 5 ..... WI 1-4154
Shields, William P., 221 Thayer Street, Providence 6 (Pd) ..... GA 1-2323
Silver, Caroll M., 225 Waterman Street, Providence 6 (Or) ..... UN 1-2261
Silver, Maurice, 102 Waterman Street, Providence 6 (NS) ..... DE 1-2375
Simon, Stanley D., 225 Waterman Street, Providence 6 (Or) ..... UN 1-2261
Smith, Bruce W., 136 County Road, Barrington ..... WA 1-2621
Smith, Clara Loitman, 281 Olney Street, Providence 6 (Pd) ..... GA 1-5407
Smith, Daniel A., (*Newport*) 29 Mary Street, Newport ..... Newport 3950
Smith, Ernest J., Lapham Corner, Oakland ..... Pascoag 100
Smith, Frederick A., (*No district society*) 525 Hope Street, Providence 6 ..... GA 1-3395
Smith, George C., 78 Turner Avenue, Riverside 15 ..... EA 1-6493
Smith, Orland F., 275 Angell Street, Providence 6 (S) ..... UN 1-1010
Solez, Chester, (*Washington*) 56 Central Street, Narragansett (I) ..... Narragansett 3-3191
Solomons, Gerald, 293 Governor Street, Providence 6 (Pd) ..... GA 1-2112
Sonkin, Nathan, (*Pawtucket*) 251 Broadway, Pawtucket ..... PA 5-0192
Southey, Charles L., 900 Park Avenue, Cranston 10 ..... HO 1-2332
Spencer, Robert F., Jr., Main Street, North Scituate ..... SC 1-3702
Spicer, Albert D., (*Washington*) 23 Broad Street, Westerly (Dental) ..... Westerly 2561
Spielberger, Lawrence, Veterans Administration Hospital, Davis Park, Providence (Anes) JA 1-1700
Sprague, Stanley, (*Pawtucket*) 101 Broadway, Pawtucket (U) (Ind.) ..... PA 3-6221
Squillante, O. John, (*Bristol*) 247 County Road, Barrington ..... WA 1-2507

continued on next page

Stephens, H. Frederick, 195 Thayer Street, Providence 6 (Oph) ..... GA 1-3867
Stevens, Raymond E., (*Pawtucket*) 398 Greenwood Avenue, Rumford 16 ..... EA 1-2508
Stevens, Raymond T., (*Pawtucket*) 336 No. Broadway, East Providence 14 (Pd) EA 1-3933-W
Stoll, Julius, Jr., 270 Benefit Street, Providence (NS) ..... UN 1-2630
Stone, Jacob, Capt., MC, USAR, Murphy Army Hospital, Waltham, Massachusetts
Storrs, Berton W., (*Newport*) 2651 East Main Road, Portsmouth 4 ..... Portsmouth 20
Streker, Edward T., 903A Broad Street, Providence 7 (Pd) ..... WI 1-7476
Streker, John F., 903 Broad Street, Providence 7 (U) ..... WI 1-1244
Sullivan, James F., (*Pawtucket*) 84 Broad Street, Pawtucket ..... PA 2-9138
Sullivan, Michael H., (*Newport*) 60 Touro Street, Newport ..... Newport 508
Sullivan, Ralph V., 1192 Westminster Street, Providence 9 ..... GA 1-1002
Sutton, Leonard S., 293 Governor Street, Providence 6 (I) ..... GA 1-3329
Sweeney, John W., 191 Princeton Avenue, Providence 7 ..... HO 1-5078
Sweet, Gustaf, 105 Waterman Street, Providence 6 (I) ..... GA 1-1979
Sydlowski, Edmund J., 617 Smith Street, Providence 8 ..... GA 1-3050

T

Taft, George H., 768 Park Avenue, Cranston (Pd) ..... ST 1-2332
Taggart, Fenwick G., (*Kent*) 1 Montrose Street, East Greenwich ..... TU 4-2123
Tanguay, J. Edgar, (*Woonsocket*) 281 Harris Avenue, Woonsocket ..... Woonsocket 440
Tarro, Michael A., 973 Atwells Avenue, Providence 9 ..... EL 1-3424
Tartaglino, Alfred M., (*Newport*) 75 Pelham Street, Newport 3 ..... Newport 4190
Tatum, Julianna R., (*Washington*) 8 Margin Street, Westerly ..... Westerly 2636
Taylor, Harold W., (*Newport*) Little Compton ..... Little Compton 483
Tefft, Benjamin F., (*Kent*) 185 Washington Street, West Warwick (ALR) ..... VA 1-4626
Temple, Francis E., (*Kent*) 1527 Warwick Avenue, Hoxsie ..... RE 7-3505
Tetreault, Adrien G., (*Pawtucket*) 650 Central Avenue, Pawtucket (ALR) ..... PA 5-7955
Thewlis, Malford W., (*Washington*) 25 Mechanic Street, Wakefield ..... Narra. 3-4044
Thomas, Alton P., (*Woonsocket*) 66 Hamlet Avenue, Woonsocket ..... Woonsocket 6846-W
Thompson, Edward R., (*Pawtucket*) 18 Exchange Street, Pawtucket ..... PA 2-3331
Thompson, Ernest D., 90 Waterman Street, Providence 6 (Or) ..... UN 1-1115
Tollefson, George A., (*Newport*) 65 Touro Street, Newport (ALR) ..... Newport 5502
Trainor, Edward H., (*Pawtucket*) 69 Walcott Street, Pawtucket (S) ..... PA 2-1033
Tremblay, Euclide L., (*Woonsocket*) 66 Hamlet Avenue, Woonsocket ..... Woonsocket 4477-R
Triedman, Harry, (*Pawtucket*) 33 Cottage Street, Pawtucket (S) ..... PA 5-5420
Troppoli, Daniel V., 380 Broadway, Providence 9 (S) ..... UN 1-3325
Trott, Raymond H., 219 Waterman Street, Providence 6 (Or) ..... GA 1-1721
Tully, William H., Jr., (*Washington*) 32 Lake Street, Wakefield ..... Narragansett 3-3838
Turco, Salvatore J. P., (*Washington*) 170 High Street, Peace Dale (I) ..... Narragansett 3-4161
Turner, Henry E., (*Pawtucket*) 101 Broadway, Pawtucket (Ob) ..... PA 2-0594
Turner, Howard K., 199 Thayer Street, Providence 6 (U) ..... GA 1-7368
Turner, J. Lincoln, (*Pawtucket*) 101 Broadway, Pawtucket (ObG) ..... PA 2-0594
Turner, John, II, 154 Waterman Street, Providence 6 ..... DE 1-1505
Tweddell, Henry J., (*Woonsocket*) 512 Summer Street, Woonsocket (Path) ..... Woonsocket 5322

U

Umstead, Howard W., (*Pawtucket*) 124 Waterman Street, Providence (Anes) ..... GA 1-1808
Utter, Henry E., 122 Waterman Street, Providence 6 (Pd) ..... GA 1-2147

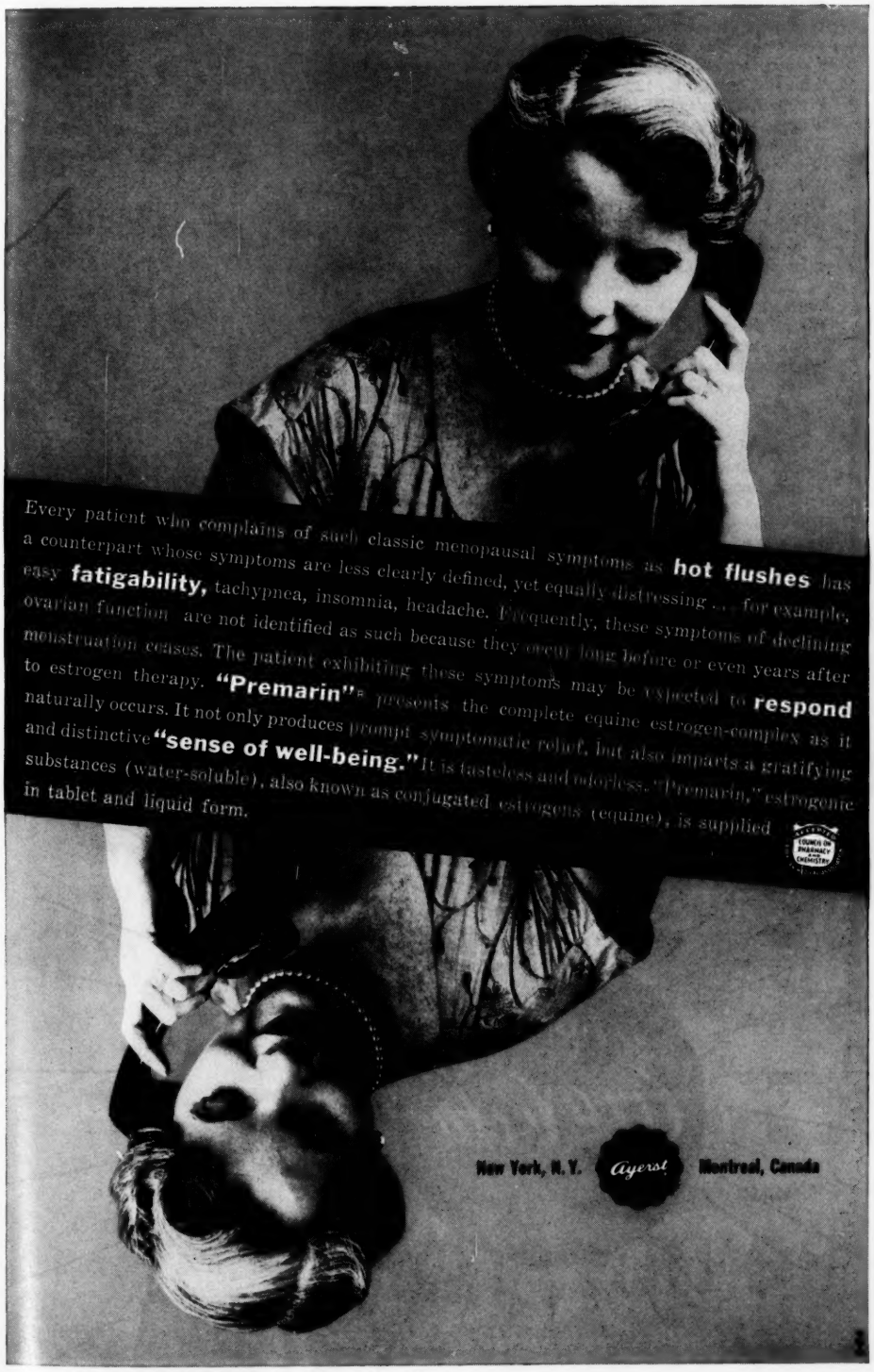
V

Valentino, Angelo G., 354 Broadway, Providence ..... DE 1-2621
Vallone, John J., 1295 Cranston Street, Cranston (S) ..... JA 1-2433
Van Benschoten, George W., 195 Thayer Street, Providence 6 (Oph) ..... GA 1-3867
Vaughn, Arthur H., 138 Warren Avenue, East Providence 14 ..... EA 1-1721
Verrone, Anthony C., 185 Broadway, Providence 3 (S) ..... GA 1-6699
Vesey, John M., 125 Belmont Road, Cranston 10 (R) ..... ST 1-3999
Vezza, Ovid, (*Pawtucket*) 428 Newport Avenue, Pawtucket ..... PA 5-2223
Vian, George M., (*Woonsocket*) 85 Hamlet Avenue, Woonsocket ..... Woonsocket 5914-W
Vidal, Jeannette E., (*Kent*) 14 St. John Street, West Warwick (I) ..... VA 1-4707
Vieira, Edwin, 221 Warren Avenue, East Providence 14 ..... EA 1-2248
Vigliani, Mario, 347 Broadway, Providence (Pd) ..... DE 1-5636
Visgilio, Thomas, Jr., (*Washington*) Washington Trust Bldg., Westerly (OALR) Westerly 2509
Von Trapp, Rupert, (*Newport*) Adamsville ..... Little Compton 478
Vose, Francis P., (*Woonsocket*) 62 Hamlet Avenue, Woonsocket (I) ..... Woonsocket 447-M
Votta, Paul J., St. Joseph's Hospital, Providence 7 (R) ..... DE 1-2700

W

Wainerman, Bertha W., (*Kent*) 1527 Warwick Avenue, Warwick (Pd) ..... RE 7-4969
Walsh, John G., 221 Thayer Street, Providence 6 (ObG) ..... GA 1-1710
Walsh, John J., (*Washington*) 155 Main Street, Wakefield (S) ..... Narragansett 3-3773
Wang, James K. C., Silk Lane, North Scituate ..... SC 1-2202
Warren, Jacob P., (*Washington*) 18 Beach Street, Westerly (I) ..... Westerly 2202
Waterman, George W., 155 Thayer Street, Providence 6 (G) ..... DE 1-4229

concluded on page 584


Every patient who complains of such classic menopausal symptoms as hot flushes has a counterpart whose symptoms are less clearly defined, yet equally distressing . . . for example, easy fatigability, tachypnea, insomnia, headache. Frequently, these symptoms of declining ovarian function are not identified as such because they occur long before or even years after menstruation ceases. The patient exhibiting these symptoms may be expected to respond to estrogen therapy. "Premarin"® presents the complete equine estrogen-complex as it naturally occurs. It not only produces prompt symptomatic relief, but also imparts a gratifying and distinctive "sense of well-being." It is tasteless and odorless. "Premarin," estrogenic substances (water-soluble), also known as conjugated estrogens (equine), is supplied in tablet and liquid form.
COUNCIL ON PHARMACY AND CHEMISTRY
New York, N. Y. Ayerst Montreal, Canada

Webber, Joseph B., 444 Angell Street, Providence 6 (S) ..... DE 1-7030
Webster, Frederick A., (*Pawtucket*) 131 Waterman Street, Providence 6 (U) ..... JA 1-4258
Westcott, Niles, Butler Hospital, Providence 6 (PN) ..... JA 1-3400
Weyler, Henry L. C., 335 Angell Street, Providence 6 (I) ..... GA 1-0720
Whipple, Richard K., 122 Waterman Street, Providence 6 (Pd) ..... DE 1-1700
Whitmarsh, Robert H., 193 Waterman Street, Providence 6 (S) ..... GA 1-3061
Wilcox, Roswell S., 1374 Eddy Street, Providence 5 ..... WI 1-4224
Williams, Harold W., 129 Waterman Street, Providence 6 (PN) ..... UN 1-0459
Windsberg, Eske, 203 Thayer Street, Providence 6 (S) ..... PL 1-4343
Wing, Elihu S., 155 Thayer Street, Providence 6 (I) ..... GA 1-3314
Wing, Elihu S., Jr., 155 Thayer Street, Providence 6 (I) ..... EL 1-2411
Winkler, Herman A., 224 Thayer Street, Providence 6 (ALR) ..... GA 1-4010
Winkler, Malcolm A., 199 Thayer Street, Providence 6 (D) ..... DE 1-0105
Wise, Bernard O., Mental Hygiene Services, Dept. Social Welfare, 40 Fountain Street, Providence (PN) ..... UN 1-6900
Wittes, Saul A., (*Woonsocket*) Stadium Building, Woonsocket ..... Woonsocket 5910-W
Wittig, Joseph E., (*Kent*) 331 Washington Street, West Warwick ..... VA 1-6626
Wolfe, Hattie G., State Hospital, Howard (P) ..... HO 1-4700
Woodcome, Harold A., (*Pawtucket*) 156 Broadway, Pawtucket ..... PA 3-4426
Wright, David G., 81 President Avenue, Providence 6 (PN) ..... GA 1-8680

Y

Yessian, Mark A., 112 Waterman Street, Providence 6 (I) ..... DE 1-6613
Young, Daniel D., 134 Francis Street, Providence 3 ..... GA 1-7517
Young, George L., (*Kent*) 4640 Post Road, East Greenwich ..... TU 4-4192

Z

Zamil, Edward, (*Newport*) 99 Touro Street, Newport ..... Newport 6616-W
Zecchino, Vincent, 199 Thayer Street, Providence 6 (Or) ..... UN 1-9000
Zielinski, Norbert U., (*Newport*) 27 Kay Street, Newport ..... Newport 623
Zinno, Genarino R., 334 Branch Avenue, Providence 4 ..... GA 1-6534
Zolmian, Hrad H., (*Pawtucket*) 116 Mineral Spring Avenue, Pawtucket ..... PA 2-1388
Zouraboff, Catherine, 167 Julia Street, Cranston 10 ..... WI 1-4485
Zucker, Joseph M., 218 Waterman Street, Providence 6 (PN) ..... JA 1-3049
Zurawski, Charles, 535 Broadway, Providence ..... JA 1-7611

The quiet of a summer day, at the day's close;
The stillness of water, the peace, the deep repose.

the art of applying sedation constructively culminates in

Solfoton®

For continuous mild sedation without depression.

When tension and anxiety are present, as the primary complaint or expressed as somatic symptoms, Solfoton permits the prescribing of an efficient mild sedative without the use of a name suggestive therapeutically to the patient.

Formula: Phenobarbital, ¼ gr. with Sulfur (Colloidal), ⅓ gr.

Dosage: 1 tablet three or four times daily for at least two weeks.

Supplied in bottles of 100 and 500 tablets.

POYTHRESS

WM. P. POYTHRESS & CO., INC., RICHMOND 17, VIRGINIA

CORRESPONDENCE ON CO_2 THERAPY

To the Editor:

Dr. Senseman's article on the use of CO_2 Therapy for emotional disorders, which appeared in the July issue of the JOURNAL, mentions certain contraindications, such as repeated attacks of coronary. On the whole, I feel, this paper does not put the dangers of this method in sufficient perspective.

Lest somebody gain the impression that such "office practice" of anesthesia can be inocuous, I wish to make the following remarks, even though the by-product of such practice is beyond the province of anesthesiology.

No amount of precaution is sufficient in a person whose coronary circulation has been under stress. In any case, where the the diagnosis of coronary disease is questionable a few breaths of a gas mixture containing ten per cent oxygen could almost be used as a test to elicit symptoms. This concentration has been suggested for induction in the article in question.

There are, however, other pitfalls, outside of a compromised coronary with no overt evidence of past attacks.

May I just mention three complications which may arise.

1. The stage of excitement with its high reflex irritability, particularly in the absence of premedication.
2. Vomiting and aspiration.
3. Respiratory obstruction.

Even with the most modern resuscitative equipment available at most hospitals, here and there a patient does succumb during the phase of induction.

What excuse could one offer to his inability to do tracheal suctioning or intubation if a case should warrant it?

Let us not forget that the application of CO_2 carries a certain amount of risk *per se*.

How many of the cases with psychosomatic complaints could be subjected innocently to the powerful circulatory and respiratory effects of this agent on which so many of our physiologists have focused their attention of late?

One is justified, I feel, in cautioning the practicing psychiatrists of the adherent dangers of this otherwise interesting therapy. It is well worth to be forearmed and that entails the presence of proper personnel and resuscitative equipment to go with CO_2 therapy.

Otherwise I hope my remarks will not be understood as minimizing the merits of Dr. Senseman's very excellent paper.

Sincerely yours,

LAWRENCE SPIELBERGER, M.D.
Chief, Anesthesiology Section
Veterans Administration Hospital
Providence, Rhode Island